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| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District ofILLINOIS(State)             |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:           | Identify Yourself  |                             |   |
|-------------------|--|-----------------------------|---|
|                   |  | About Debtor 1:             | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your           | full name  |                             |   |
| goverr<br>identif | the name that is on your<br>nment-issued picture<br>ication (for example,<br>Iriver's license or | Jasmine First name  Latrice | First name                                    |
| passp             |  | Middle name                 | Middle name                                   |
| Bring :           | your picture   | Johnson<br>Last name        | Last name                                     |
|                   | ication to your meeting ne trustee.  | Last name                   | Lastrianie                                    |
|                   |  | Suffix (Sr., Jr., II, III)  | Suffix (Sr., Jr., II, III)                    |
| 2. All ot         | her names you  |                             |   |
| have<br>years     | used in the last 8   | First name                  | First name                                    |
|                   | e your married or names.   | Middle name                 | Middle name                                   |
|                   |  | Last name                   | Last name                                     |
|                   |  | First name                  | First name                                    |
|                   |  | Middle name                 | Middle name                                   |
|                   |  | Last name                   | Last name                                     |
| your              | the last 4 digits of<br>Social Security  | xxx - xx - <u>7541</u>      | XXX - XX                                      |
| Individua         | er or federal<br>lual Taxpayer<br>ication number   | OR                          | OR  |
| idolla            |  | <b>9</b> xx - xx            | <b>9</b> xx - xx                              |

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Document Jasmine Latrice Debtor 1 Case Number (if known) Last Name

|    |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|---|--|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | Business name  Business name  EIN  EIN   | Business name  Business name  EIN  EIN  |
| 5. | Where you live  | Chicago IL 60623 City State ZIP Code  COOK County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  P.O. Box  City State ZIP Code | Number Street  City State ZIP Code  County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.  Number Street  P.O. Box  City State ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy.  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408   |

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Debtor 1

Jasmine Latrice Document Johnson

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Case Number (if known) Last Name Part 2: **Tell the Court About Your Bankruptcy Case** Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals The chapter of the Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file ☐ Chapter 7 under ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No bankruptcy within the <sub>District</sub> None last 8 years? \_\_\_\_\_ When \_\_\_ ☐ Yes. Case Number MM / DD / YYYY District None \_\_ When \_\_\_ \_\_\_ Case Number \_\_\_ MM / DD / YYYY \_\_\_\_\_ When \_\_\_ \_\_\_\_\_ Case Number \_\_\_ MM / DD / YYYY No 10. Are any bankruptcy cases pending or being filed by a spouse who is Yes. not filing this case with \_\_\_\_\_ When \_\_\_\_\_ Case Number, if known \_\_\_\_\_ you, or by a business MM / DD / YYYY parter, or by affiliate? Relationship to you \_ When \_ Case Number, if known \_\_\_\_ District MM / DD / YYYY 11. Do you rent your ☐ No. Go to line 12 residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

this bankruptcy petition.

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Jasmine Debtor 1

Latrice

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|  | First Name  | Middle Name                       | Last Name  |  |                                    |  |  |
|--|---|-----------------------------------|--|--|------------------------------------|--|--|
| Pai  | rt 3: Report About Any Busin  | esses You Ow                      | n as a Sole Proprietor   |  |                                    |  |  |
| 12.  | Are you a sole proprietor of any full- or part-time   | ■ No.                             | Go to Part 4.  Name and location of b  | ousiness   |                                    |  |  |
|  | business?  A sole proprietorship is a business you operate as an individual, and is not a                   |                                   | Name of business, if any   |  |                                    |  |  |
| separate legal entity such as a corporation, partnerhsip, or LLC. If you have more than one sole proprietorship, use a |   |                                   | Number Street  |  |                                    |  |  |
|  | separate sheed and attach it to this petition.  |                                   | City   |  | State Zip Code                     |  |  |
|  |   |                                   | •  | box to describe your business:   | State Zip Code                     |  |  |
|  |   |                                   | _  | iness (as defined in 11 U.S.C. § 101(27  | (A))                               |  |  |
|  |   |                                   | ☐ Single Asset Rea   | al Estate (as defined in 11 U.S.C. § 101   | (51B))                             |  |  |
|  |   |                                   | ☐ Stockbroker (as o  | defined in 11 U.S.C. § 101(53A))   |                                    |  |  |
|  |   |                                   | ☐ Commodity Broke  | er (as defined in 11 U.S.C. § 101(6))  |                                    |  |  |
| 3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?                         |   | appropria<br>balance s<br>documen | te deadlines. If you indicate the deadlines, if you indicate the dead indicate the dead indicate the dead indicate the deadlines. If you indicate the deadlines indicate the deadlines indicate the deadlines. If you indicate the deadlines indicate the deadlines indicate the deadlines. If you indicate the deadlines indicate the deadlines indicate the deadlines indicate the deadlines. If you indicate the deadlines | ate that you are a small business debto<br>tions, cash-flow statement, and federal<br>procedure in 11 U.S.C. § 1116(1)(B). |                                    |  |  |
|  | For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).                                 | No. □                             | <ul><li>No. I am not filing under Chapter 11.</li><li>No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.</li></ul>   |  |                                    |  |  |
|  |   | Yes.                              | I am filing under Chapter<br>Bankruptcy Code.  | 11 and I am a small business debtor a  | according to the definition in the |  |  |
| Pa   | rt 4: Report if You Own or Ha   | ave Any Hazard                    | lous Property or Any Prop  | erty That Needs Immediate Attention  |                                    |  |  |
| 14.  | Do you own or have any  | No.                               |  |  |                                    |  |  |
|  | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>indentifiable hazard to         | Yes.                              | What is the hazard?  |  |                                    |  |  |
|  | public health or safety? Or do you own any property that needs immediate attention? For example, do you own |                                   | If immediate attention is  | needed, why is it needed?  |                                    |  |  |
|  | perishable goods, or livestock<br>that must be fed, or a building<br>that needs urgent repairs?             |                                   |  |  |                                    |  |  |
|  |   |                                   | Where is the property? _   | Number Street  |                                    |  |  |
|  |   |                                   |  |  |                                    |  |  |
|  |   |                                   |  | City   | State ZIP Code                     |  |  |

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**Jasmine** 

Latrice

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Case Number (if known)

Part 5:

Debtor 1

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|--|
| You must check one:  | You must check one:  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.  |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                            | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.                            |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.                     | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.                     |

still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted

| only for cause and is limited to a maximum of 15 days. |  |  |  |  |  |
|--|--|--|--|--|--|
|  | red to receive a briefing about ing because of:  |  |  |  |  |
| Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                 |  |  |  |  |
| Disability.  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |  |  |  |  |

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

duty in a military combat zone.

Active duty. I am currently on active military

I am not required to receive a briefing about credit counseling because of:

You must file a certificate from the

may be dismissed.

days.

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

agency, along with a copy of the payment plan you

developed, if any. If you do not do so, your case

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

approved

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**Jasmine** Latrice Debtor 1 Case Number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is No. excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? 1-49 1,000-5,000 **2**5,001-50,000 How many creditors do **50-99** you estimate that you 5,001-10,000 **5**0,001-100,000 owe? ☐ More than 100,000 **100-199** 10,001-25,000 200-999 \$0-\$50,000 **□** \$1,000,001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your assets to \$50,001-\$100,000 □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion be worth? **\$100,001-\$500,000** □ \$50,000,001-\$100 million **□**\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐More than \$50 billion \$0-\$50.000 □ \$1.000.001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your liabilities \$50,001-\$100,000 □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion to be? **\$100,001-\$500,000** □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ★ /s/ Jasmine Latrice Johnson Signature of Debtor 2 Signature of Debtor 1 12/09/2016

Executed on

MM / DD / YYYY

Executed on

MM / DD / YYYY

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| Debtor 1 | Jasmine    | Latrice Johnson |           | Case Number (if known) |
|----------|------------|-----------------|-----------|------------------------|
|          | First Name | Middle Name     | Last Name |                        |

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| X /s/ Christopher Michael Dyer | Date | Date: 12/12/2016 | MM / DD / YYYY

| Signature of Attorney for Debtor |            | MM / DD / YYYY                 |       |
|----------------------------------|------------|--------------------------------|-------|
| Christopher Michael Dyer         |            |                                |       |
| Printed name                     |            |                                |       |
| Geraci Law L.L.C.                |            |                                |       |
| Firm name                        |            |                                |       |
| 55 E. Monroe St., #3400          |            |                                |       |
| Number Street                    |            |                                |       |
|                                  |            |                                |       |
| Chicago                          | IL         | 60603                          |       |
| City                             | State      | ZIP Code                       |       |
| Contact Phone 312-332-1800       | Carail ada | <sub>dress</sub> ndil@geracila | w.com |
| Contact Priorie                  | Email auc  | ness                           |       |
| 000000                           |            |                                |       |
| 6308928                          | IL<br>     |                                |       |
| Bar number                       | State      |                                |       |

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| Fill in this in           | formation to identi  | ify your case:                    |                               |
|---------------------------|----------------------|-----------------------------------|-------------------------------|
| Debtor 1                  | Jasmine              | Latrice                           | Johnson                       |
|                           | First Name           | Middle Name                       | Last Name                     |
| Debtor 2                  |                      |                                   |                               |
| (Spouse, if filing)       | First Name           | Middle Name                       | Last Name                     |
| United States             | Bankruptcy Court for | the : <u>NORTHERN</u> District of | f_ <u>ILLINOIS</u><br>(State) |
| Case Number<br>(If known) | г                    |                                   |                               |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| our original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  |                                      |
|--|--------------------------------------|
| Summarize Your Assets  |                                      |
|  |                                      |
|  | Your assets<br>Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B   | \$0                                  |
|  |                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$ 660                               |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$ 660                               |
|  |                                      |
| Part 2: Summarize Your Liabilities   |                                      |
|  |                                      |
|  | Your liabilities Amount you owe      |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$0                                  |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$0                                  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$29,992                             |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | Ψ20,002                              |
|  |                                      |
|  |                                      |
|  |                                      |
| Part 3: Summarize Your Liabilities   |                                      |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$1,906.82                           |
| 5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$1,703.00                           |
|  |                                      |
|  |                                      |

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Debtor 1 Jasmine Latrice Johnson Case Number (if known)

Last Name

**EntriesDescription AssetsAmount LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 1,859.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$\_13,097.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$ 13,097.00 9g. Total. Add lines 9a through 9f.

First Name

Middle Name

|                                 | Caso 1                       | 6 20125 Doc 1   | Filad 12/12/16                        | Entered 12/12/16 17:26:55  | Des      | c Main                                |          |
|---------------------------------|------------------------------|---|---------------------------------------|--|----------|---------------------------------------|----------|
| Fill in this in                 | formation to ide             | ntify your case and this filing:  |                                       | 0 of 59  |          |                                       |          |
| Debtor 1                        | Jasmine                      | Latrice   | Johnson                               |  |          |                                       |          |
|                                 | First Name                   | Middle Name   | Last Name                             |  |          |                                       |          |
| Debtor 2<br>(Spouse, if filing) | First Name                   | Middle Name   | Last Name                             |  |          |                                       |          |
| United States                   | Bankruptcy Court for         | or the : <u>NORTHERN</u> District of  |                                       |  |          |                                       |          |
| Case Number                     |                              |   | (State)                               |  |          | Check if this is                      | an       |
| (If known)                      |                              | /D  |                                       |  |          | amended filing                        |          |
|                                 | orm 106A                     |   |                                       |  |          |                                       |          |
|                                 | e A/B: Pr                    |   | aget only once If an agest            | fits in more than one actorion. list the according   | t in the |                                       | 12/15    |
|                                 |                              |   |                                       | fits in more than one category, list the asser<br>arried people are filing together, both are eq |          |                                       |          |
| =                               |                              | ect information. If more space is<br>se number (if known). Answer e           |                                       | te sheet to this form. On the top of any addit   | ional    |                                       |          |
|                                 |                              | sidence, Building, Land, or Other   |                                       | ve an Interest In  |          |                                       |          |
|                                 | n or have any le             | egal or equitable interest in any   | residence, building, land             | l, or similar property?  |          |                                       |          |
| No.                             | Dagariba                     |   |                                       |  |          |                                       |          |
| Yes.  2. Add the dol            | Describe  lar value of the p | portion you own for all of your   | entries fro Part 1, includir          | ng any entries for pages   |          |                                       |          |
| you have at                     | tached for Part              | 1. Write that number here   |                                       | >  |          |                                       | \$0.00   |
| Part 2:                         | Describe Your Vel            | hicles  |                                       |  |          |                                       |          |
| Do you own, le                  | ease, or have leg            | gal or equitable interest in any  | vehicles, whether they are            | e registered or not? Include any vehicles  |          |                                       |          |
| =                               | _                            | ·   | · · · · · · · · · · · · · · · · · · · | ecutory Contracts and Unexpired Leases.  |          |                                       |          |
|                                 | s, trucks, tractors          | s, sport utility vehicles, motoro   | cycles                                |  |          |                                       |          |
| No.                             | Describe                     |   |                                       |  |          |                                       |          |
|                                 |                              | homes, ATVs and other recrea  |                                       |  |          |                                       |          |
| No.                             | boats, trailers, mot         | ors, personal watercraft, fishing vess  | seis, snowmobiles, motorcycle         | accessories  |          |                                       |          |
| _                               |                              |   |                                       |  |          |                                       |          |
|                                 | -                            | oortion you own for all of your  2. Write that number here                    | entries fro Part 2, includir          | ng any entries for pages<br>   |          |                                       | \$ 0.00  |
|                                 |                              | rsonal and Household Items  |                                       |  |          |                                       |          |
| rait 3:                         |                              |   |                                       |  |          | 0                                     |          |
| Do you own oi                   | r nave any legal             | or equitable interest in any of t   | the following items?                  |  |          | Current value of the portion you own? |          |
|                                 |                              |   |                                       |  |          | Do not deduct secure or exemptions    | d claims |
|                                 | d goods and furn             | _   |                                       |  |          |                                       |          |
| Examples:                       | Major appliances, f          | furniture, linens, china, kitchenware   |                                       |  |          |                                       |          |
| Yes.                            | Describe                     |   |                                       |  |          |                                       |          |
|                                 |                              | Furniture, linens, small appliances,  | table & chairs, bedroom set           |  | \$100    | \$                                    | 100.00   |
| 07. Electronic                  |                              | dios; audio, video, stereo, and digital                                       | equipment: computers printe           | re scannere music  |          |                                       |          |
| collections                     |                              | including cell phones, cameras, med   |                                       | s, scamers, music  |          |                                       |          |
| No.                             | Describe                     |   |                                       |  |          |                                       |          |
|                                 |                              | Cell phone  |                                       |  | \$100    | ¢                                     | 100.00   |
| 08. Collectible                 | es of value                  |   |                                       |  |          | <b>\$</b>                             | 100.00   |
|                                 |                              | nes; paintings, prints, or other artworcollections; other collections, memora |                                       | objects;   |          |                                       |          |
| No.                             |                              |   |                                       |  |          |                                       |          |
| Yes.                            | Describe                     |   |                                       |  |          | \$                                    | 0.00     |

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Desc Main

| 09. Equipment for sports as                                | nd hobbies aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes   |  |
|--|--|--|
| and kayaks; carpentry tool:                                |  |  |
| Yes. Describe  |  | \$0.00   |
| 10. Firearms  Examples: Pistols, rifles, sl                | notguns, ammunition, and related equipment   |  |
| Yes. Describe  |  | \$ <u>0.0</u> 0  |
| 11. Clothes  Examples: Everyday clothe  No.                | es, furs, leather coats, designer wear, shoes, accessories   |  |
| Yes. Describe  | Everyday clothes, shoes, accessories \$15  | 0<br>\$150.00  |
| 12. Jewelry  Examples: Everyday jeweli gold, silver  No.   | y, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  |  |
| Yes. Describe  | Costume jewelry \$60   | \$60.00  |
| 13. Non-farm animals  Examples: Dogs, cats, bird  No.      | s, horses  |  |
| Yes. Describe  |  | \$0.00   |
| No.  | household items you did not already list, including any health aids you did not list   |  |
| Yes. Describe  | books, CDs, DVDs & Family Photos \$50  | \$ 50.00   |
|  | all of your entries from Part 3, including any entries for pages you have attached   | \$460.00   |
|  | Financial Assets   |  |
|  | gal or equitable interest in any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions |
| No.  | e in your wallet, in your home, in a safe deposit box, and on hand when you file your petition   |  |
| Yes. Describe  17. Deposits of money                       |  | \$0.00   |
| Examples: Checking, savir                                  | igs, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, s. If you have multiple accounts with the same institution, list each. |  |
| Yes. Describe  | Account Type: Institution name: Other financial account Fidelity Debit Card  | \$ 200.00<br>\$ 200.00   |
| 18. Bonds, mutual funds, o  Examples: Bond funds, inv  No. | r publicly traded stocks estment accounts with brokerage firms, money market accounts  | <u>ә200.0</u> 0  |
| Yes. Describe  | Institution or issuer name:  | \$ 0.00  |
| 19. Non-publicly traded sto                                | ck and interests in incorporated and unincorporated businesses, including an interest in   | · <u></u>  |
| Yes. Describe  | Name of Entity and Percent of Ownership:   | \$ <u> </u>  |

Debtor 1

No. Yes.

Describe.....

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0.00

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Document Page 12 of and graph of the property of the Jasmine 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No. Yes. Describe..... Issuer name: 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No. Describe..... Type of account and Institution name: Yes 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No. Yes. Describe..... Institution name or individual: 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Yes. Describe..... Issuer name and description: 0.00 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No. Yes. Describe..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. Yes. Describe..... 0.00 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No. Yes. Describe..... 0.00 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No. Describe..... 0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions 28. Tax refunds owed to you No. Describe..... 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No. Yes. Describe..... 0.00 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits: unpaid loans you made to someone else

Debtor

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| 1 | Jasmine      | Latrice      | Honnson     | Page 13 of 55 |
|---|--------------|--------------|-------------|---------------|
|   | First Name   | Middle Name  | Last Name   | Page 13 015   |
|   | FIISLINAITIE | Wildule Name | Lastivallic |               |

| 31.               |  | insurance polic<br>Health, disability, o  | ies<br>r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance   |   |                          |
|-------------------|--|---|---|---|--------------------------|
|                   | No.  |   | Company Name & Beneficiary:   |   |                          |
|                   | Yes.   | Describe  |   | \$  | 0.00                     |
| 32.               | -  |   | at is due you from someone who has died   |   |                          |
|                   | -  | ne beneficiary of a cause someone ha  | living trust, expect proceeds from a life insurance policy, or are currently entitled to receive as died.   |   |                          |
|                   | Yes.   | Describe  |   | \$  | 0.00                     |
| 33.               | _  | •   | ss, whether or not you have filed a lawsuit or made a demand for payment ment disputes, insurance claims, or rights to sue  | · <u></u>   |                          |
|                   | Yes.   | Describe  |   | \$  | 0.00                     |
| 34.               |  | ingent and unlic  | quidated claims of every nature, including counterclaims of the debtor and rights   |   |                          |
|                   | No.  | Describe  |   |   |                          |
|                   | 1 es.  | Describe  |   | \$  | 0.00                     |
| 35.               | Any financ   | ial assets you d  | lid not already list  |   |                          |
|                   | Yes.   | Describe  |   | \$  | 0.00                     |
| 36.               | Add the do   | llar value of all   | of your entries from Part 4, including any entries for pages you have attached  |   |                          |
|                   |  |   | er here>  |   | \$200.00                 |
|                   |  |   |   |   |                          |
|                   |  |   | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1.  |   |                          |
| 37.               | No.  | ii oi iiave aiiy ie   | gai or equitable interest in any business-related property:   |   |                          |
|                   | $\Box$   |   |   |   |                          |
|                   | Yes.   |   |   |   |                          |
|                   | Yes.   |   |   | Current value of portion you own Do not deduct secunor exemptions | ?                        |
| 38.               |  | receivable or co  | mmissions you already earned  | portion you own   | ?                        |
| 38.               |  | receivable or co  | mmissions you already earned  | portion you own<br>Do not deduct secu                             | ?                        |
| 38.               | Accounts   | receivable or co  | mmissions you already earned  | portion you own<br>Do not deduct secu                             | ?<br>red claims          |
|                   | Accounts I No. Yes.  Office equi   | Describe  | mmissions you already earned  ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you own<br>Do not deduct secu                             | ?                        |
|                   | Accounts No. Yes.  Office equi Examples: No.   | Describe<br>ipment, furnishi<br>Business-related c  | ngs, and supplies   | portion you own<br>Do not deduct secu                             | ?<br>red claims          |
|                   | Accounts I No. Yes.  Office equi   | Describe  | ngs, and supplies   | portion you own<br>Do not deduct secu                             | ?<br>red claims          |
| 39.               | Accounts I No. Yes.  Office equi Examples: No. Yes.  | Describe  ipment, furnishi Business-related c  Describe   | ngs, and supplies   | portion you own Do not deduct secu or exemptions                  | ?<br>red claims<br>0.00  |
| 39.               | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery.  | Describe  ipment, furnishi Business-related c  Describe   | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you own Do not deduct secu or exemptions                  | ?<br>red claims<br>0.00  |
| 39.<br>40.        | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery   | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you own Do not deduct seculor exemptions  \$              | 9 red claims  0.00  0.00 |
| 39.<br>40.        | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery No. Yes.  | Describe  ipment, furnishi Business-related c  Describe  fixtures, equip  | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you own Do not deduct seculor exemptions  \$              | 7 red claims  0.00  0.00 |
| 39.<br>40.        | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                       | Describe  ipment, furnishi Business-related c  Describe  fixtures, equipi  Describe                                       | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade   | portion you own Do not deduct seculor exemptions  \$              | 9 red claims  0.00  0.00 |
| 39.<br>40.        | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery, No. Yes.  Inventory No. Yes.                       | Describe  ipment, furnishi Business-related c  Describe  fixtures, equipe  Describe  Describe                             | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  | portion you own Do not deduct seculor exemptions  \$              | 7 red claims  0.00  0.00 |
| 39.<br>40.        | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery No. Yes.  Inventory No. Yes.                        | Describe  ipment, furnishi Business-related c  Describe  fixtures, equipe  Describe  Describe                             | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  or joint ventures   | portion you own Do not deduct secu or exemptions  \$ \$ \$        | 0.00<br>0.00             |
| 39.<br>40.<br>41. | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery No. Yes.  Inventory No. Yes.  Interests ir No. Yes. | Describe  ipment, furnishi Business-related o  Describe  fixtures, equipa  Describe  Describe  n partnerships o  Describe | ngs, and supplies computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  or joint ventures   | portion you own Do not deduct seculor exemptions  \$              | 7 red claims  0.00  0.00 |
| 39.<br>40.<br>41. | Accounts I No. Yes.  Office equi Examples: No. Yes.  Machinery No. Yes.  Inventory No. Yes.  Interests in No. Yes. | Describe  ipment, furnishi Business-related o  Describe  fixtures, equipa  Describe  Describe  n partnerships o  Describe | ngs, and supplies omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ment, supplies you use in business, and tools of your trade  r joint ventures  Name of Entity and Percent of Ownership: | portion you own Do not deduct secu or exemptions  \$ \$ \$        | 0.00<br>0.00             |

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| 44. Any business-related property you did not already list No.   |             |
|--|-------------|
| Yes. Describe  | \$          |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached   |             |
| for Part 5. Write that number here>  | \$ 0.00     |
|  |             |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1.   |             |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  |             |
| No.  |             |
| Yes. Describe  |             |
|  | \$ <u> </u> |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish   |             |
| No.  |             |
| Yes. Describe  |             |
|  | \$0.00      |
| 48. Crops—either growing or harvested  No.   |             |
| Yes. Describe  |             |
| Tee: Describe  | \$0.00      |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  |             |
| No.  |             |
| Yes. Describe  | \$ 0.00     |
| 50. Farm and fishing supplies, chemicals, and feed   | <u>\$</u>   |
| No.  |             |
| Yes. Describe  |             |
| Ed. A forms and communical fielding related group and considerable list.   | \$0.00      |
| 51. Any farm- and commercial fishing-related property you did not already list  No.  |             |
| Yes. Describe  |             |
| The state of the s | \$0.00      |
|  |             |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here>   | \$0.00      |
| 101 Fart 0. Write that humber here   |             |
|  |             |
| Describe All Property You Own or Have an Interest in That You Did Not List Above   |             |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above   |             |
| 53. Do you have other property of any kind you did not already list?   |             |
| Examples: Season tickets, country club membership  |             |
| No.  Yes. Describe   |             |
| Lites. Describe  | \$ 0.00     |
|  |             |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here>   | \$0.00      |
|  |             |

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| Part 8: List the Totals of Each Part of this Form                |           |           |
|--|-----------|-----------|
| 55. Part 1: Total real estate, line 2                            |           | \$ 0.00   |
| 56. Part 2: Total vehicles, line 5                               | \$ 0.00   |           |
| 57. Part 3: Total personal and household items, line 15          | \$ 460.00 |           |
| 58. Part 4: Total financial assets, line 36                      | \$ 200.00 |           |
| 59. Part 5: Total business-related property, line 45             | \$ 0.00   |           |
| 60. Part 6: Total farm- and fishing-related property, line 52    | \$ 0.00   |           |
| 61. Part 7: Total other property not listed, line 54             | \$ 0.00   |           |
| 62. <b>Total personal property.</b> Add lines 56 through 61      | \$ 660.00 | \$ 660.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |           | \$660.00  |

Official Form 106A/B Page 6 of 6 Record # 723603 Schedule A/B: Property

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| Fill in this in     | formation to identif    | y your case:                        |                 |
|---------------------|-------------------------|-------------------------------------|-----------------|
| Debtor 1            | Jasmine                 | Latrice                             | Johnson         |
|                     | First Name              | Middle Name                         | Last Name       |
| Debtor 2            |                         |                                     |                 |
| (Spouse, if filing) | First Name              | Middle Name                         | Last Name       |
| United States       | Bankruptcy Court for th | ee: <u>NORTHERN</u> _ District of _ | ILLINOIS(State) |
| Case Number         | ·                       |                                     |                 |
| (If known)          |                         |                                     |                 |

# Official Form 106C

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. |  |                                      |   |                                      |  |  |  |  |
|--|--|--------------------------------------|---|--------------------------------------|--|--|--|--|
| You are claiming state and federal nonbankruptcy exemptions . 11 U.S.C. § 522(b)(3)                |  |                                      |   |                                      |  |  |  |  |
| You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   |  |                                      |   |                                      |  |  |  |  |
| 2. For any propert   | y you list on <i>Schedule A/B</i> that yo                        | u claim as exempt, fill in t         | the information below.  |                                      |  |  |  |  |
| -  | on of the property and line on hat lists this property           | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption   |  |  |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                      |  |  |  |  |
| Brief description:   | Furniture, linens, small appliances, table & chairs, bedroom set | \$ <u>100</u>                        | \$  | 735 ILCS 5/12-1001(b) - \$100.00     |  |  |  |  |
| Line from Schedule A/B:  | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
| Brief description:   | Cell phone   | \$_100                               | <b></b>   | 735 ILCS 5/12-1001(b) - \$100.00     |  |  |  |  |
| Line from Schedule A/B:  | 07   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
| Brief description:   | Everyday clothes, shoes, accessories                             | \$ <u>150</u>                        | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$150.00 |  |  |  |  |
| Line from Schedule A/B:  | 11   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
| Brief<br>description:  | Costume jewelry  | \$_60                                | <b></b> \$  | 735 ILCS 5/12-1001(a),(e) - \$60.00  |  |  |  |  |
| Line from Schedule A/B:  | 12   |                                      | 100% of fair market value, up to any applicable statutory limit |                                      |  |  |  |  |
|  |  |                                      |   |                                      |  |  |  |  |
| Official Form 106C   | Record # 723603  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                          |  |  |  |  |

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Debtor 1 Jasmine Latrice Last Name

Middle Name

First Name

| Schedule A/B trillets this property  Copy the value from Schedule A/B trillets this property  Copy the value from Schedule A/B  Brief books, CDs, DVGs & Family description: Photos  Photos  Check only one box for each exemption  Table CS (Ds, DVGs & Family description: Photos  Check only one box for each exemption  Table CS (Ds, DVGs & Family description: Photos  Check only one box for each exemption  Table CS (Ds, DVGs & Family description: Photos  Check only one box for each exemption  Table CS (Ds, DVGs & Family description: Photos  Check only one box for each exemption  Table CS (Ds, DVGs & Family description: Photos  Check only one box for each exemption  Table CS (Ds, DVGs & Family description:  Check only one box for each exemption  Table CS (Ds, DVGs & Family description:  Check only one box for each exemption  Table CS (Ds, DVGs & Family description:  Check only one box for each exemption  Table CS (Ds, DVGs & Family description:  Check only one box for each exemption  Table CS (Ds, DVGs & Family description:  Table CS (Ds, DVGs & Family description:  Check only one box for each exemption  Table CS (Ds, DVGs & Family description:  Table CS (Ds, DVGs & Family description:  Table CS (Ds, DVGs & Family description: Table CS (Ds, DVGs & Family  | Part 2           | litional Page                                   |   |                                       |                                    |
|---|------------------|---|---|---------------------------------------|------------------------------------|
| Brief description: Photos \$ 50 \$ 100% of fair market value, up to any applicable statutory limit \$ 35 ILCS 5/12-1001(a) - \$50.00 \$ 100% of fair market value, up to any applicable statutory limit \$ 35 ILCS 5/12-1001(b) - \$200.00 \$ 100% of fair market value, up to any applicable statutory limit \$ 35 ILCS 5/12-1001(b) - \$200.00 \$ 100% of fair market value, up to any applicable statutory limit \$ 35 ILCS 5/12-1001(b) - \$200.00 \$ 100% of fair market value, up to any applicable statutory limit \$ 35 ILCS 5/12-1001(b) - \$200.00 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 17 \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair market value, up to any applicable statutory limit \$ 100% of fair mark |                  |   |   | Amount of the exemption you claim     | Specific laws that allow exemption |
| description: Photos \$_50   |                  |   |   | Check only one box for each exemption |                                    |
| Schedule A/B: 14 any applicable statutory limit  Brief Other financial account, Fidelity description: Debit Card, 200.00 \$ 200 \$ 100% of fair market value, up to any applicable statutory limit  Line from Schedule A/B: 17 100% of fair market value, up to any applicable statutory limit  3. Are you claiming a homestead exemption of more than \$155,675?  (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .)  No.  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  |                  |   | s_ 50                                   | <b></b> \$                            | 735 ILCS 5/12-1001(a) - \$50.00    |
| description: Debit Card, 200.00 \$ 200 \$ 100% of fair market value, up to any applicable statutory limit  3. Are you claiming a homestead exemption of more than \$155,675?  (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)  No.  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  |                  | <u>. 14                                    </u> |   |                                       |                                    |
| Schedule A/B: 17 any applicable statutory limit   |                  |   |   | \$                                    | 735 ILCS 5/12-1001(b) - \$200.00   |
| (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .)  ■ No.  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  ■ No   |                  | <u>. 17 </u>                                    |   | <del></del>                           |                                    |
| (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .)  ■ No.  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  ■ No   | 3. Are vou claim | ing a homestead exempti                         | on of more than \$155.675?              |                                       |                                    |
| □ No  | (Subject to adj  | ustment on 4/01/16 and ev                       | very 3 years after that for cases filed |                                       |                                    |
|   |                  | ou acquire the property cov                     | vered by the exemption within 1,215     | 5 days before you filed this case?    |                                    |
| ∐ Yes.  |                  |   |   |                                       |                                    |
|   | ☐ Yes.           |   |   |                                       |                                    |
|   |                  |   |   |                                       |                                    |
|   |                  |   |   |                                       |                                    |
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|   |                  |   |   |                                       |                                    |
|   |                  |   |   |                                       |                                    |
| Official Form 1060 Page 4 723603 Sabadula C. The Branch Voy Claim on Fyend  |                  |   |   |                                       |                                    |

| Fill in this in          | formation to identif  |   | Filad 12/12/16 F  | 8 of 59                 | /16 17:26:55   | Desc Main  |                                   |
|--------------------------|---|---|---|-------------------------|--|--|-----------------------------------|
| Debtor 1                 | Jasmine   | Latrice   | Johnson   |                         |  |  |                                   |
|                          | First Name  | Middle Name   | Last Name   |                         |  |  |                                   |
| Debtor 2                 |   |   |   |                         |  |  |                                   |
| (Spouse, if filing)      | First Name  | Middle Name   | Last Name   |                         |  |  |                                   |
| United States            | Bankruptcy Court for th   | he : <u>NORTHERN</u> District of  | ILLINOIS  |                         |  |  |                                   |
| 0 N l .                  |   |   | (State)   |                         |  | Check if this  | s is an                           |
| Case Numbe<br>(If known) | 「 <u></u>   |   |   |                         |  | amended fi   |                                   |
| information. If a        | more space is neede<br>es, write your name  |   | le are filing together, both are<br>e, fill it out, number the entric<br>).   |                         |  | ny   |                                   |
| No. Ch                   | neck this box and sub   | bmit this form to the court wit   | h your other schedules. You h   | nave nothing else to re | port on this form.   |  |                                   |
| No. Cl                   |   | bmit this form to the court wit   | h your other schedules. You h   | nave nothing else to re | port on this form.   |  |                                   |
| Yes. Fi                  | Il in all of the informa  List All Secured Clair  cured claims. If a creation of the content of | bmit this form to the court wit ation below.  ms  reditor has more than one set ne creditor has a particular cl | h your other schedules. You h cured claim, list the creditor se aim, list the other creditors in l ccording to the creditors name | eparately<br>Part 2.    | Column A  Amount of claim  Do not deduct the value of collateral | Column A  Value of collateral that supports this claim | Column C Unsecured portion If any |

|                                      |  | Caso 16 20125  | Doc 1  | Eilad 12/12/16  | Entered 12/12/16 17:26:  | 55 D                                      | esc Mair             | 1               |
|--------------------------------------|--|--|--|---|--|---|----------------------|-----------------|
| Filli                                | in this inf  | formation to identify your case  |  |   | 9 of 59  |   |                      |                 |
| Deb                                  | tor 1  | Jasmine La   | atrice   | Johnson   |  |   |                      |                 |
| Deb                                  | tor i  |  | dle Name   | Last Name   |  |   |                      |                 |
| Deb                                  | tor 2  |  |  |   |  |   |                      |                 |
| (Spou                                | ise, if filing)  | First Name Mid   | dle Name   | Last Name   |  |   |                      |                 |
| Unit                                 | ed States E  | Bankruptcy Court for the : <u>NORTH</u>  | HERN District  |   |  |   |                      |                 |
| Cas                                  | e Number   |  |  | (State)   |  |   | Check                | if this is an   |
| (If ki                               | nown)  |  |  |   |  |   | amende               | ed filing       |
| Offic                                | cial Fo  | orm 106E/F   |  |   |  |   |                      |                 |
| Sche                                 | edule  | E/F: Creditors Who   | Have U   | nsecured Claims   |  |   |                      | 12/15           |
| ist the<br>/B: Pr<br>redito<br>eeded | other pa<br>coperty (Cors with pa<br>l, copy the<br>any additi | orty to any executory contracts<br>Official Form 106A/B) and on So<br>artially secured claims that are       | or unexpired<br>chedule G: Ex<br>listed in Sch<br>ber the entrie<br>nd case numl | leases that could result in a decutory Contracts and Unexpedule D: Creditors Who Have in the boxes on the left. Att | and Part 2 for creditors with NONPRIOR claim. Also list executory contracts on soired Leases (Official Form 106G). Do no Claims Secured by Property. If more spach the Continuation Page to this page. | S <i>chedule</i><br>ot include<br>pace is |                      |                 |
| 1. <b>Do</b>                         | any cred   | litors have priority unsecured   | claims agains  | t you?  |  |   |                      |                 |
|                                      | -  | to Part 2.   |  |   |  |   |                      |                 |
| ┌                                    |  |  |  |   |  |   |                      |                 |
| ea<br>no<br>un:                      | ch claim I<br>npriority a<br>secured c                         | isted, identify what type of claim<br>amounts. As much as possible, l<br>claims, fill out the Continuation F | it is. If a clain<br>ist the claims<br>Page of Part 1.                           | n has both priority and nonprior<br>in alphabetical order according<br>If more than one creditor hold               | cured claim, list the creditor separately for<br>rity amounts, list that claim here and show<br>to the creditor's name. If you have more<br>a particular claim, list the other creditors               | v both prior<br>than two p                | rity and<br>priority |                 |
| (FC                                  | or an expi   | lanation of each type of claim, s  | ee the instruct  | ions for this form in the instruct  | Total c  | laim                                      | Priority             | Nonpriority     |
|                                      |  |  |  |   |  |   | amount               | amount          |
| Pari                                 | 2: L   | ist All of Your NONPRIORITY Un   | secured Claims   | 5   |  |   |                      |                 |
| 3. <b>Do</b>                         | any cred   | litors have nonpriority unsecu   | red claims ag  | ainst you?  |  |   |                      |                 |
|                                      | No. You  | u have nothing to report in this p   | art. Submit th   | is form to the court with your o  | ther schedules.  |   |                      |                 |
| ▮                                    | Yes.   |  |  |   |  |   |                      |                 |
| no                                   | npriority u  | unsecured claim, list the creditor   | separately for holds a partic  | each claim. For each claim lis  | who holds each claim. If a creditor has reted, identify what type of claim it is. Do not re in Part 3.If you have more than three n  | ot list claim                             | ns already           |                 |
|                                      | ATO 0:-  |  |  |   | 0700   |   |                      | Total claim     |
| 4.1                                  | ATG Creditor's N   |  | _ Las  | t 4 digits of account number _  | 6782   |   |                      | \$ <u>46.00</u> |
|                                      | 1700 W   | Cortland St Ste 2  | Wh   | en was the debt incurred?   | 2013-2013  |   |                      |                 |
|                                      | Number   | Street   |  |   |  |   |                      |                 |
|                                      |  |  |  | of the date you file, the claim is<br>Contingent  | : Check all that apply.  |   |                      |                 |
|                                      | Chicago  | IL 60622   | =  | Unliquidated  |  |   |                      |                 |
| W                                    | City<br>/ho owes   | State Zip Coo<br>the debt? Check one.  | te 🗀   | Disputed  |  |   |                      |                 |
|                                      | Debtor 1   |  | _  |   |  |   |                      |                 |
| Ī                                    | Debtor 2   | ? only   | <u>Ту</u> р  | e of NONPRIORITY unsecured  | claim:   |   |                      |                 |
|                                      | Debtor 1   | and Debtor 2 only  | □  | Student loans   |  |   |                      |                 |
|                                      | At least o   | one of the debtors and another   | _  | Obligations arising out of a separat  |  |   |                      |                 |
|                                      | _  | f this claim relates to a  |  | that you did not report as priority cl  |  |   |                      |                 |
| Is                                   |  | nity debt<br>1 subject to offest?  | Ц  | Debts to pension or profit-sharing p  | plans, and other similar debts   |   |                      |                 |
|                                      | No No  | . 522,001 to 5110511   |  | Other, Specify Medical Debt   |  |   |                      |                 |
| f                                    | Yes  |  |  | Other. Specify Medical Debt   |  |   |                      |                 |

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Case Number (if known) Document Jasmine Latrice Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page

| After I | isting any entries on this page, number them b     | eginning with 4.4, followed by 4.5, and so forth.   | Total Claim        |
|---------|--|---|--------------------|
| 4.2     | Cambridge Commons                                  | Last 4 digits of account number   | \$ <u>3,231.00</u> |
|         | Creditor's Name                                    | 2040  |                    |
|         | 4959 Oakhurst Drive                                | When was the debt incurred? 2016  |                    |
|         | Number Street                                      |   |                    |
|         |  | As of the date you file, the claim is: Check all that apply.  |                    |
|         |  | Contingent  |                    |
|         | Indianapolis IN 46254                              | Unliquidated  |                    |
| Ι,      | City State Zip Code                                | Disputed  |                    |
|         | Who owes the debt? Check one.                      | □ ·r····  |                    |
|         | Debtor 1 only                                      | T (NOURRIORITY  |                    |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:  |                    |
|         | Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                    |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce  |                    |
|         | Check if this claim relates to a community debt    | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |                    |
|         | Is the claim subject to offest?                    | Debts to pension or profit-sharing plants, and other similar debts  |                    |
|         | No   | Other. Specify Housing/Rental/Lease   |                    |
|         | Yes  | Other: Specify  |                    |
| 4.3     | City of Chicago Bureau Parking                     | Last 4 digits of account number   | <b>\$</b> 4,000.00 |
|         | Creditor's Name                                    |   |                    |
|         | 121 N. LaSalle St                                  | When was the debt incurred?   |                    |
|         | Number Street                                      |   |                    |
|         | Room 107   | As of the date you file, the claim is: Check all that apply.  |                    |
|         |  | Contingent  |                    |
|         | Chicago IL 60602                                   | Unliquidated  |                    |
| ,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|         | Debtor 1 only                                      |   |                    |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:  |                    |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce  |                    |
|         |  | that you did not report as priority claims  |                    |
|         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|         | Is the claim subject to offest?                    | books to perision or proficestialing plans, and outer similar debts   |                    |
|         | No   | Other. Specify Debt Owed  |                    |
|         | Yes  | Outer. Openity  |                    |
| 4.4     | Comcast  | Last 4 digits of account number 3854  | \$ <u>275.00</u>   |
|         | Creditor's Name                                    | 2044 2044   |                    |
|         | 4120 International Pkwy                            | When was the debt incurred? 2011-2011   |                    |
|         | Number Street                                      |   |                    |
|         |  | As of the date you file, the claim is: Check all that apply.  |                    |
|         |  | Contingent  |                    |
|         | Carrollton TX 75007                                | Unliquidated  |                    |
| ,       | City State Zip Code  Who owes the debt? Check one. | Disputed  |                    |
|         | Debtor 1 only                                      |   |                    |
|         | Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:  |                    |
|         | Debtor 1 and Debtor 2 only                         | Student loans   |                    |
|         | At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce  |                    |
|         |  | that you did not report as priority claims  |                    |
|         | Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|         | Is the claim subject to offest?                    | 2000 to polition of profit origing plane, and outer diffilled dobte   |                    |
|         | No   | Other. Specify Collecting for Creditor  |                    |
|         | Yes  |   |                    |
|         |  |   |                    |

Doc 1 Filed 12/12/16 Entered 12/12/16 17:26:55 Desc Main Case 16-39135 Page 21 of 59 Document Jasmine Latrice Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** FED LOAN SERV **\$** 1,784.00 Last 4 digits of account number \_\_\_\_ Creditor's Name

| Po Box 60610                                       | When was the debt incurred? 2014-2016                                 |                    |
|--|---|--------------------|
| Number Street                                      | <del></del>   |                    |
|  | As of the date you file the claim is. Check all that apply            |                    |
|  | As of the date you file, the claim is: Check all that apply.          |                    |
| Harrisburg PA 17106                                | Contingent  |                    |
| City State Zip Code                                | Unliquidated  |                    |
| Vho owes the debt? Check one.                      | Disputed  |                    |
| Debtor 1 only                                      |   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                  |                    |
| Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce          |                    |
|  | that you did not report as priority claims                            |                    |
| Check if this claim relates to a community debt    | Debts to pension or profit-sharing plans, and other similar debts     |                    |
| s the claim subject to offest?                     | Depts to pension of profit-sharing plans, and other similar depts     |                    |
| No   | Пот о и   |                    |
| Yes  | Other. Specify  |                    |
| FED LOAN SERV                                      | Last 4 digits of account number 0004                                  | <b>\$</b> 3,082.00 |
| Creditor's Name                                    | Last 4 digits of account number 0004                                  | Ψ_0,002.00         |
| Po Box 60610                                       | When was the debt incurred? 2014-2016                                 |                    |
| Number Street                                      |   |                    |
| Number Street                                      |   |                    |
|  | As of the date you file, the claim is: Check all that apply.          |                    |
| N 17100  | Contingent  |                    |
| Harrisburg PA 17106                                | Unliquidated  |                    |
| City State Zip Code  Who owes the debt? Check one. | ☐ Disputed  |                    |
|  |   |                    |
| Debtor 1 only                                      |   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                  |                    |
| Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce          |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                            |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts     |                    |
| s the claim subject to offest?                     |   |                    |
| No   | Other. Specify  |                    |
| Yes  |   |                    |
| FED LOAN SERV                                      | Last 4 digits of account number 0001                                  | <u>\$ 3,559.00</u> |
| Creditor's Name                                    | When was the debt incurred? 2012-2016                                 |                    |
| Po Box 60610                                       | When was the debt incurred? 2012-2016                                 |                    |
| Number Street                                      |   |                    |
|  | As of the date you file, the claim is: Check all that apply.          |                    |
|  | Contingent  |                    |
| Harrisburg PA 17106                                | Unliquidated  |                    |
| City State Zip Code                                |   |                    |
| Vho owes the debt? Check one.                      | Disputed  |                    |
| Debtor 1 only                                      |   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                  |                    |
| Debtor 1 and Debtor 2 only                         | Student loans   |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce          |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                            |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts     |                    |
| s the claim subject to offest?                     | 2000 to position of profit offaring plants, and out of official debto |                    |
| No   | Other Specify   |                    |
| <b>≒</b> .,  | Other. Specify  |                    |

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Debtor 1 Jasmine Latrice Document Page 23 of 59
Case Number (if known)

Your NONPRIORITY Unsecured Claims - Continuation Page

| After I | isting any entries on this page, number them b    | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|---------|---|---|--------------------|
| 4.11    | Secretary of State                                | Last 4 digits of account number                                   | \$ <u>0.00</u>     |
|         | Creditor's Name                                   | <u>———</u>  |                    |
|         | 2701 S. Dirksen Pkwy.                             | When was the debt incurred?                                       |                    |
|         | Number Street                                     |   |                    |
|         |   | As of the date you file, the claim is: Check all that apply.      |                    |
|         |   | Contingent  |                    |
|         | Springfield IL 62723                              | Unliquidated  |                    |
| ١,      | City State Zip Code                               | Disputed  |                    |
| `       | Who owes the debt? Check one.                     |   |                    |
|         | Debtor 1 only                                     |   |                    |
|         | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
|         | Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| !       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
|         | Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| ١,      | community debt<br>Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts |                    |
| i       | No  | Other Courie. Notice Only   |                    |
| i       | Yes   | Other. Specify Notice Only  |                    |
| 4.12    | Stratford Career Institute                        | Last 4 digits of account number 5753                              | <b>\$</b> 669.00   |
| 7.12    | Creditor's Name                                   |   |                    |
|         | 101 Harrison St                                   | When was the debt incurred? 2014-2014                             |                    |
|         | Number Street                                     |   |                    |
|         |   | As of the date you file, the claim is: Check all that apply.      |                    |
|         |   | Contingent  |                    |
|         | Archbald PA 18403                                 | Unliquidated  |                    |
|         | City State Zip Code                               |   |                    |
| '       | Who owes the debt? Check one.                     | Disputed  |                    |
|         | Debtor 1 only                                     |   |                    |
|         | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
|         | Debtor 1 and Debtor 2 only                        | Student loans   |                    |
|         | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
|         | Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
|         | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
|         | Is the claim subject to offest?                   |   |                    |
|         | No  | Other. Specify Collecting for Creditor                            |                    |
|         | Turner Acceptance Corporation                     |   | <b>\$</b> 7,282.60 |
| 4.13    |   | Last 4 digits of account number                                   | \$ <u>7,282.00</u> |
|         | Creditor's Name<br>4454 N. Western Ave.           | When was the debt incurred?                                       |                    |
|         | Number Street                                     |   |                    |
|         | Number Street                                     |   |                    |
|         |   | As of the date you file, the claim is: Check all that apply.      |                    |
|         | Chicago IL 60625                                  | Contingent  |                    |
|         | City State Zip Code                               | Unliquidated  |                    |
| ١ ١     | Who owes the debt? Check one.                     | Disputed  |                    |
|         | Debtor 1 only                                     |   |                    |
| l i     | Debtor 2 only                                     | Type of NONPRIORITY unsecured claim:                              |                    |
| j       | Debtor 1 and Debtor 2 only                        | Student loans   |                    |
| i       | At least one of the debtors and another           | Obligations arising out of a separation agreement or divorce      |                    |
| 1       | Check if this claim relates to a                  | that you did not report as priority claims                        |                    |
| '       | community debt                                    | Debts to pension or profit-sharing plans, and other similar debts |                    |
| 1       | Is the claim subject to offest?                   |   |                    |
|         | No  | Other. Specify Deficiency, Repo'd/Surr'd Auto                     |                    |
|         | Yes   | •··· /  |                    |

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Case Number (if known) Document Jasmine Latrice Debtor 1 Webbank/Fingerhut \$ 792.00 NULL 4.14 Last 4 digits of account number Creditor's Name 2016-2016 6250 Ridgewood Rd When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Saint Cloud MN 56303 Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? Other. Specify Credit Card or Credit Use List Others to Be Notified for a Debt That You Already Listed Part 3: 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Arnold Scott Harris PC On which entry in Part 1 or Part 2 list the original creditor? Name 111 W Jackson Blvd Ste 600 Line 3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Chicago IL 60604 Last 4 digits of account number \_\_\_\_\_ City State Zip Code Paul Lawent On which entry in Part 1 or Part 2 list the original creditor? Name PO Box 5718 Line \_\_13\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Number Street IL 60121 Elgin Last 4 digits of account number \_ City State Zip Code

Clerk, First Mun Div

Number

Chicago

City

50 W. Washington St., Rm. 1001

Street

On which entry in Part 1 or Part 2 list the original creditor?

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Line 13 \_ of (Check one):

Last 4 digits of account number \_\_

60602

State Zip Code

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Jasmine Debtor 1

Latrice

Document

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|   | Part 4:                     | Add the Amounts for Each Type of Unsecured C   | laim                                    |                  |                           |
|---|-----------------------------|--|---|------------------|---------------------------|
| 6 |                             | amounts of certain types of unsecured claims<br>mounts for each type of unsecured claim. | . This information is for statistical r | reporting purpos | es only. 28 U.S.C. § 159. |
|   |                             |  |   | Total claim      |                           |
|   | Total claims<br>from Part 1 | 6a. Domestic support obligations   | 6a.                                     | \$               | 0.00                      |

|                          |   |     | Total claim |           |
|--------------------------|---|-----|-------------|-----------|
| Total claims from Part 1 | 6a. Domestic support obligations  | 6a. | \$          | 0.00      |
|                          | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$          | 0.00      |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00      |
|                          | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                                | 6d. | \$          | 0.00      |
|                          | 6e. <b>Total</b> . Add lines 6a through 6d.   | 6e. | \$          | 0.00      |
|                          |   |     | Total claim |           |
| Total claims from Part 2 | 6f. Student loans   | 6f. | \$          | 13,097.00 |
|                          | 6g. Obligations arising out of a separation agreement<br>or divorce that you did not report as priority<br>claims | 6g. | \$          | 0.00      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h. | \$          | 0.00      |
|                          | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                             | 6i. | \$          | 16,894.60 |

|       |                      | Caso 16                | 20125 Doc 1 I  | Filad 12/12/16            | Entor                        | ed 12/12/16 :                                   | 17:26:55                             | Desc Main                       |       |
|-------|----------------------|------------------------|--|---------------------------|------------------------------|---|--------------------------------------|---------------------------------|-------|
| Fil   | l in this in         | formation to identi    |  |                           |                              | 6 of 59   |                                      |                                 |       |
| De    | ebtor 1              | Jasmine                | Latrice  | Johnson                   | -                            |   |                                      |                                 |       |
| De    | ebtor 2              | First Name             | Middle Name  | Last Name                 |                              |   |                                      |                                 |       |
|       | oouse, if filing)    | First Name             | Middle Name  | Last Name                 | -                            |   |                                      |                                 |       |
| Ur    | nited States         | Bankruptcy Court for t | he : <u>NORTHERN</u> District of _                             |                           |                              |   |                                      | _                               |       |
|       | ase Number<br>known) |                        |  | (State)                   |                              |   |                                      | Check if this is amended filing |       |
| Offi  | icial Fo             | orm 106G               |  |                           |                              |   |                                      |                                 |       |
| Sch   | edule                | G: Executo             | ry Contracts and   | Unexpired Lea             | ses                          |   |                                      |                                 | 12/15 |
| nforn | nation. If n         | nore space is need     | ossible. If two married people<br>ed, copy the additional page | fill it out, number the e | th are equal<br>entries, and | ly responsible for su<br>attach it to this page | pplying correct<br>. On the top of a | ny                              |       |
|       |                      | -                      | and case number (if known).<br>ontracts or unexpired leases?   |                           |                              |   |                                      |                                 |       |
| 1. 5  | _                    | -                      | bmit this form to the court with                               |                           | ou have not                  | hing else to report on                          | this form.                           |                                 |       |
|       | _                    |                        | ation below even if the contrac                                |                           |                              |   |                                      |                                 |       |
|       |                      |                        |  |                           |                              | , , ,   | ,                                    |                                 |       |
|       |                      |                        | company with whom you ha<br>ell phone). See the instruction    |                           |                              |   |                                      |                                 |       |
|       | nexpired le          |                        | en prioriej. See trie iristruction                             |                           | iruction boor                | ilet for more examples                          | s or executory co                    | ontracts and                    |       |
|       | Person or            | company with who       | om you have the contract or I                                  | ease                      |                              | State what the                                  | contract or lease                    | e is for                        |       |
| 2.1   |                      |                        |  |                           |                              |   |                                      |                                 |       |
|       | Name                 |                        |  |                           | _                            |   |                                      |                                 |       |
|       | Number               | Street                 |  |                           | _                            |   |                                      |                                 |       |
|       | City                 |                        | State Zip  | Code                      | _                            |   |                                      |                                 |       |
| 2.2   |                      |                        |  |                           |                              |   |                                      |                                 |       |
|       | Name                 |                        |  |                           | _                            |   |                                      |                                 |       |
|       | Number               | Street                 |  |                           | _                            |   |                                      |                                 |       |
|       | City                 |                        | State Zip  | Code                      | _                            |   |                                      |                                 |       |
| 2.3   |                      |                        |  |                           |                              |   |                                      |                                 |       |
|       | Name                 |                        |  |                           | _                            |   |                                      |                                 |       |
|       | Number               | Street                 |  |                           | _                            |   |                                      |                                 |       |
|       | City                 |                        | State Zip  | Code                      | _                            |   |                                      |                                 |       |
|       | O.I.y                |                        |  |                           |                              |   |                                      |                                 |       |
| 2.4   |                      |                        |  |                           | _                            |   |                                      |                                 |       |
|       | Name                 |                        |  |                           |                              |   |                                      |                                 |       |
|       | Number               | Street                 |  |                           | _                            |   |                                      |                                 |       |
|       | City                 |                        | State Zip  | Code                      | _                            |   |                                      |                                 |       |
| 2.5   |                      |                        |  |                           |                              |   |                                      |                                 |       |
|       | Name                 |                        |  |                           | _                            |   |                                      |                                 |       |
|       | Number               | Street                 |  |                           | _                            |   |                                      |                                 |       |
|       |                      |                        |  |                           |                              |   |                                      |                                 |       |

State Zip Code

City

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| Fill in this in     | nformation to identi   | fy your case:                       |                 |
|---------------------|------------------------|-------------------------------------|-----------------|
| Debtor 1            | Jasmine                | Latrice                             | Johnson         |
|                     | First Name             | Middle Name                         | Last Name       |
| Debtor 2            |                        |                                     |                 |
| (Spouse, if filing) | First Name             | Middle Name                         | Last Name       |
| United States       | Bankruptcy Court for t | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number         | r                      |                                     | (State)         |
| (If known)          |                        |                                     |                 |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A       | dditional Pages, wr | te your name and case numbe  | r (if known). Answer every     | question.           |  |
|-------------|---------------------|--|--------------------------------|---------------------|--|
| 1. <b>D</b> | o you have any coo  | ebtors? (If you are filing a joint                                       | case, do not list either spous | se as a codebtor.)  |  |
|             | No.                 |  |                                |                     |  |
|             | Yes                 |  |                                |                     |  |
|             | =                   | s, have you lived in a commur<br>aho, Lousiiana, Nevada, New M           |                                |                     | roperty states and territories include<br>Visconsin.)                            |
|             | No. Go to line 3.   |  |                                |                     |  |
|             | Yes. Did your sp    | ouse, former spouse, or legal ec   | uivalent live with you at the  | time?               |  |
|             | _                   | n community state or territory die                                       | d you live?                    | Fill in the n       | ame and current address of that person.  |
|             | Name of your spo    | use, former spouse or legal equivalent                                   |                                |                     |  |
|             | Number St           | reet   |                                |                     |  |
|             | City                |  | State                          | Zip Code            |  |
| 3 In        | -                   | f vour codebtors. Do not inclu   |                                | •                   | is filing with you. List the person  |
|             |                     | Form 106D), Schedule E/F (Off<br>edule G to fill out Column 2.<br>debtor | icial Form 106E/F), or Sche    | dule G (Official Fo | Column 2: The creditor to whom you owe the debt  Check all schedules that apply: |
| 3.1         |                     |  |                                |                     | Schedule D, line   |
|             | Name                |  |                                | _                   | Schedule E/F, line   |
|             | Number Stre         | et   |                                |                     | Schedule G, line   |
|             | City                | S  | tate Z                         | Zip Code            |  |
| 3.2         |                     |  |                                | _                   | Schedule D, line   |
|             | Name                |  |                                | _                   | Schedule E/F, line   |
|             | Number Stre         | et   |                                | _                   | Schedule G, line   |
|             | City                | S  | tate Z                         | Zip Code            | _  |
| 3.3         |                     |  |                                | _                   | Schedule D, line   |
|             | Name                |  |                                | _                   | Schedule E/F, line   |
|             | Number Stre         | et   |                                |                     | Schedule G, line   |
|             | City                | S  | tate Z                         | Zip Code            |  |

Official Form 106H Record # 723603 Schedule H: Your Codebtors Page 1 of 1

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|                     |                         |                                | Document P  | ane 28 of 59                                |
|---------------------|-------------------------|--------------------------------|-------------|---|
| Fill in this in     | nformation to identif   | y your case:                   |             |   |
| Debtor 1            | Jasmine                 | Latrice                        | Johnson     |   |
|                     | First Name              | Middle Name                    | Last Name   |   |
| Debtor 2            |                         |                                |             |   |
| (Spouse, if filing) | First Name              | Middle Name                    | Last Name   |   |
| United States       | Bankruptcy Court for th | ne: <u>NORTHERN DISTRICT (</u> | DF ILLINOIS |   |
| Case Numbe          | r                       |                                | _           | Check if this is:                           |
| (If known)          |                         |                                |             | An amended filing                           |
|                     |                         |                                |             | A supplement showing post-petition          |
|                     |                         |                                |             | chapter 13 income as of the following date: |
| Official F          | orm 106I                |                                |             | MM / DD / YYYY                              |

**Schedule I: Your Income** 

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Describe Employment   |   |                            |              |                                   |
|----|---|---|----------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information   |   | Debtor 1                   |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers.  | Employment status   | X Employed Not employed    | ı            | Employed  Not employed            |
|    | Include part-time, seasonal, or self-employed work.   | Occupation  | CSR                        |              |                                   |
|    | Occupation may Include student or homemaker, if it applies.   | Employers name  | MMDK Inc.                  |              |                                   |
|    |   | Employers address   | 1200 Harger Rd., \$        | Ste. 319     |                                   |
|    |   |   | Oak Brook, IL 605          |              | ,                                 |
|    |   |   |                            |              |                                   |
|    |   | How long employed there?  | 1 month                    |              |                                   |
| Pa | rt 2: Give Details About Monthl   | ly Income   |                            |              |                                   |
|    | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space | ve more than one employer, comb                                       | oine the information for a |              | , Ç                               |
|    |   |   |                            | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. |   | y and commissions (before all pa<br>calculate what the monthly wage w | •                          | \$1,859.00   | \$0.00                            |
| 3. | Estimate and list monthly overti  | me pay.   |                            | \$0.00       | \$0.00                            |
| 4. | Calculate gross income. Add line  | e 2 + line 3.   |                            | \$1,859.00   | \$0.00                            |
|    |   |   |                            |              |                                   |

 Official Form 106I
 Record # 723603
 Schedule I: Your Income
 Page 1 of 2

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Debtor 1

 
 Jasmine
 Latrice
 Document Johnson

 First Name
 Middle Name
 Last Name

Case Number (if known)

| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  |                |              |                   |  |                 | For Debtor 1            |         | For Debtor 2 or non-filing spouse | Э        |      |        |
|--|----------------|--------------|-------------------|--|-----------------|-------------------------|---------|-----------------------------------|----------|------|--------|
| 5.   Name   Social So   |                | Copy         | / line 4 here     |  | 4.              | \$1,859.00              |         | \$0.00                            |          |      |        |
| So. Mandatory contributions for retirement plans   So.   \$0.00   \$0.00   | 5. <b>L</b> i  | st all       | payroll deduction | ns:  |                 |                         |         |                                   |          |      |        |
| Sc.  |                | 5a. <b>T</b> | ax, Medicare, ar  | d Social Security deductions                             | 5a.             | \$309.18                | 3       | \$0                               | .00      |      |        |
| Set   Insurance   Set   Sci.   |                | 5b. <b>N</b> | landatory contri  | butions for retirement plans                             | 5b.             | \$0.00                  | )       | \$0                               | .00      |      |        |
| Se.   Issurance   Se.   \$0.00   \$0.00  |                | 5c. <b>V</b> | oluntary contrib  | utions for retirement plans                              | 5c.             | \$0.00                  | )       | \$0                               | .00      |      |        |
| St.   Domestic support obligations   St.   \$0.00   |                | 5d. <b>F</b> | Required repaym   | ents of retirement fund loans                            | 5d.             | \$0.00                  | )       | \$0                               | .00      |      |        |
| 5g. Union dues 5g. \$0.00 \$0.00  5. Other deductions. Specify: 5h. \$0.00 \$0.00  5. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$3.09.18 \$0.00  5. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$3.09.18 \$0.00  5. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Altan a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a 8c. \$0.00 \$0.00  8c. Family support payments that you, a non-filling spouse, or a 8c. \$0.00 \$0.00  8c. Family support payments that you, a non-filling spouse, or a 8c. \$0.00 \$0.00  8c. Social Security 8c. Social Security 8e. \$0.00 \$0.00  8c. Social Security 8e. \$0.00 \$0.00  8c. Social Security 8e. \$0.00 \$0.00  8d. \$0.00 \$   |                | 5e. lı       | nsurance          |  | 5e.             | \$0.00                  | )       | \$0                               | .00      |      |        |
| Sh. Other deductions. Specify:   Sh.   \$0.00   \$0.00   |                | 5f. <b>C</b> | omestic suppor    | t obligations  | 5f.             | \$0.00                  | )       | \$0                               | .00      |      |        |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$309.18 \$0.00  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,549.82  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nufrition Assistance Program) or housing subsidies.  \$pecify:  |                | 5g. <b>L</b> | Inion dues        |  | 5g.             | \$0.00                  | )       | \$0                               | .00      |      |        |
| 8. List all other income regularly received:  8. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00                         |                | 5h. <b>C</b> | Other deductions  | . Specify:   | 5h.             | \$0.00                  | )       | \$0                               | .00      |      |        |
| 8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. \$0.00 \$0.00  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food slamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8n. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9g. \$357.00 \$0.00  \$0.00  \$1,900  \$1,900  \$1,906.82 \$0.00  \$1,9   | 6. <b>A</b> d  | ld the       | payroll deduction | ons. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.      | 6.              | \$309.18                | 3       | \$0                               | .00      |      |        |
| 8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.                | 7. <b>C</b> a  | lcula        | te total monthly  | take-home pay. Subtract line 6 from line 4.              | 7.              | \$1,549.82              |         | \$0.00                            |          |      |        |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$ | 8. <b>Li</b> s | st all       | other income req  | jularly received:  |                 |                         | _       |                                   |          |      |        |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. Other monthly income. Specify:  8h. Other monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. State all other regular contributions to the expenses that you list in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, If it applies   |                | 8a.          | Net income from   | n rental property and from operating a business,         |                 |                         |         |                                   |          |      |        |
| receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.00  8b. Interest and dividends  8b. \$50.00 \$0.00  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$\$  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies   |                |              | profession, or f  | arm  |                 |                         |         |                                   |          |      |        |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00  8e. Social Security 8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$357.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$40   |                |              |                   | , , ,  |                 |                         |         |                                   |          |      |        |
| 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. \$0.00               |                |              | monthly net inco  | ome.   | 8a.             | \$0.00                  |         | \$0.                              | .00      |      |        |
| dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. \$0.00 \$0.00  8e. Social Security 8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$357.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. \$  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12 \$1,900   |                | 8b.          | Interest and div  | idends   | 8b.             | \$0.00                  |         | \$0.                              | .00      |      |        |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$0.00  8f. Other government assistance that you regularly receive  8f. \$357.00  \$0.00  8f. Other government assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. \$0.00  8h. Other monthly income. Specify:  8h. \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$357.00  \$0.00  9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$\$  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$1,90   |                | 8c.          | Family support    | payments that you, a non-filing spouse, or a             | 8c.             | \$ 0.00                 |         | \$ 0.                             | .00      |      |        |
| settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$0.00  8f. Other government assistance that you regularly receive  8f. \$357.00  8g. \$0.00  8g. Social Security  8g. \$357.00  8g. Specify:  8g. Pension or retirement income  8g. \$0.00  8h. Other monthly income. Specify:  8g. Pension or retirement income  8h. \$0.00  8h. \$0.00  9h. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9h. \$357.00  \$0.00  10. Calculate monthly income. Add line 7 + line 9h.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$4dd the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$1,90   |                |              | dependent regu    | larly receive  |                 |                         |         |                                   | _        |      |        |
| 8d. Unemployment compensation  8e. Social Security  8e. \$0.00  8f. Other government assistance that you regularly receive  8f. \$357.00  8g. \$0.00  8g. \$0.   |                |              | Include alimony   | spousal support, child support, maintenance, divorce     |                 |                         |         |                                   |          |      |        |
| 8e. Social Security 8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$357.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$1. \$1.  \$2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies   |                |              | settlement, and   | property settlement.                                     |                 |                         |         |                                   |          |      |        |
| 8f. Other government assistance that you regularly receive  8f. \$357.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$4dd the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$1,90  |                | 8d.          | Unemployment      | compensation   | 8d.             | \$0.00                  |         | \$0.                              | .00      |      |        |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$357.00 \$0.00 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$1,90  |                | 8e.          | Social Security   |  | 8e.             | \$0.00                  |         | <b>\$0</b> .                      | .00      |      |        |
| assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. \$  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$1,90   |                | 8f.          | Other governm     | ent assistance that you regularly receive                | 8f.             | \$357.00                |         | \$0.                              | .00      |      |        |
| Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   |                |              | Include cash as   | sistance and the value (if known) of any non-cash        |                 |                         |         |                                   |          |      |        |
| Specify:   |                |              | assistance that   | you receive, such as food stamps (benefits under the     |                 |                         |         |                                   |          |      |        |
| 8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  |                |              | • •               | utrition Assistance Program) or housing subsidies.       |                 |                         |         |                                   |          |      |        |
| 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$1,90   |                |              |                   |  |                 |                         |         |                                   |          |      |        |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$357.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. \$  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$1,90  |                | •            |                   |  | 8g.             |                         |         | \$0.                              | .00      |      |        |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. \$  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies  |                |              |                   |  | 8h.             | \$0.00                  |         | \$0.                              | .00      |      |        |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  | 9.             | Add          | all other income  | . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.        | 9.              | \$357.00                |         | \$0.                              | 00       |      |        |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  | 10             | Calc         | ulate monthly in  | come Add line 7 + line 9                                 | 10              |                         | 1.      |                                   | <b>—</b> |      |        |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:   | 10.            |              | =                 |  | 10.             | \$1,906.82              | ] +     | \$0.00                            | =        | \$1, | 906.82 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  |                |              |                   |  |                 |                         |         |                                   |          |      |        |
| other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify: 11. \$  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$1,90  | 11.            |              | <del>-</del>      |  |                 | onto vour roommatos     | and     |                                   |          |      |        |
| Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify: 11. \$  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$1,90   |                |              |                   |  | your depend     | ents, your roommates    | , and   |                                   |          |      |        |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$1,90   |                |              |                   |  | e not available | e to pay expenses liste | ed in S | Schedule J.                       |          |      |        |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$1,90  |                | Spec         | cify:             |  |                 | <u> </u>                |         |                                   | 11       |      | \$0.00 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$1,90  | 12             | hhΔ          | the amount in th  | e last column of line 10 to the amount in line 11. The   | result is the c | ombined monthly inco    | me      |                                   |          |      |        |
| 13. Do you expect an increase or decrease within the year after you file this form?  |                |              |                   |  |                 | •                       |         | ipplies                           | 12       | \$1, | 906.82 |
|  | 13.            | Do y         | ou expect an inc  | rease or decrease within the year after you file this fo | rm?             |                         |         |                                   |          |      |        |
| □ No.  |                | =            |                   |  |                 |                         |         |                                   |          |      |        |
| X Yes. Explain: The debtor expects her SNAP benefits of \$357 per month will be reduced greatly or eliminated when she reports her new income  |                | X,           | Yes. Explain:     |  | per month v     | vill be reduced grea    | atly or | r eliminated wher                 | 1 she    |      |        |

| Fill in this in                 | formation to identify y    | our case:                               |                             |   |  |                               |
|---------------------------------|----------------------------|---|-----------------------------|---|--|-------------------------------|
| Debtor 1                        | Jasmine                    | Latrice                                 | Johnson                     | Check if this is:   |  |                               |
|                                 | First Name                 | Middle Name                             | Last Name                   | An amende   | Ū                                      |                               |
| Debtor 2<br>(Spouse, if filing) | First Name                 | Middle Name                             | Last Name                   |   | ent showing post<br>of the following d | -petition chapter 13<br>late: |
| United States                   | Bankruptcy Court for the : | NORTHERN DISTRICT C                     | F ILLINOIS                  |   |  |                               |
| Case Number<br>(If known)       |                            |   | _                           | MM / DD / `   | YYYY                                   |                               |
| Official <b>C</b>               | orma 106 l                 |   |                             |   | =                                      | 2 because Debtor 2            |
|                                 | orm 106J                   |   |                             | maintains a   | a separate house                       | hold.                         |
|                                 | e J: Your Ex               |   |                             |   |  | 12/14                         |
| -                               | -                          |   |                             | are equally responsible for supplyi<br>ages, write your name and case nun | _                                      |                               |
| Part 1:                         | Describe Your Household    | 1                                       |                             |   |  |                               |
| 1. Is this a joi                | nt case?                   |   |                             |   |  |                               |
|                                 | Go to line 2.              |   |                             |   |  |                               |
| Yes. I                          | Does Debtor 2 live in a    | separate household?                     |                             |   |  |                               |
|                                 | <u></u>                    | st file a separate Schedul              | e J.                        |   |  |                               |
|                                 |                            |   |                             |   |  |                               |
| 2. Do you h                     | nave dependents?           | ∐ No                                    |                             | Dependent's relationship to<br>Debtor 1 or Debtor 2                       | Dependent's age                        | Does dependent live with you? |
| Do not lis<br>Debtor 2          | st Debtor 1 and            |   | this information for dent   |   |  | No                            |
| Do not st                       | tate the dependents'       | •                                       |                             | Son   | _ 1                                    | Yes                           |
| names.                          | ·                          |   |                             |   |  | X No                          |
|                                 |                            |   |                             |   |  | Yes                           |
|                                 |                            |   |                             |   |  | X No                          |
|                                 |                            |   |                             |   |  | Yes                           |
|                                 |                            |   |                             |   |  | X No                          |
|                                 |                            |   |                             |   |  | Yes                           |
|                                 |                            |   |                             |   |  |                               |
| 3. Do your                      | expenses include           |   |                             |   |  | Yes                           |
| expense                         | s of people other than     | 1 |                             |   |  |                               |
|                                 | and your dependents?       |   |                             |   |  |                               |
|                                 | estimate Your Ongoing N    |   | oss you are using this for  | m as a supplement in a Chapter 13 (                                       | caso to roport                         |                               |
| -                               |                            | · · ·                                   |                             | , check the box at the top of the for                                     | -                                      |                               |
| the applicable                  |                            | eash government assista                 | nce if you know the value   |   |  |                               |
| -                               |                            | <del>-</del>                            | Income (Official Form 106   |   | Y                                      | our expenses                  |
| 4. The rent                     | al or home ownership       | expenses for your resid                 | ence. Include first mortgag | e payments and  |  |                               |
| any rent                        | for the ground or lot.     |   |                             |   | 4.                                     | \$175.00                      |
| If not inc                      | cluded in line 4:          |   |                             |   |  |                               |
| 4a. Re                          | al estate taxes            |   |                             |   | 4a.                                    | \$0.00                        |
|                                 | operty, homeowner's, or    |   |                             |   | 4b.                                    | \$0.00                        |
|                                 | •                          | r, and upkeep expenses                  |                             |   | 4c.                                    | \$0.00<br>\$0.00              |
| 4d. Ho                          | meowner's association      | or condominium dues                     |                             |   | 4d.                                    | φυ.υυ                         |

Entered 12/12/16 17:26:55 Desc Main Case 16-39135 Doc 1 Filed 12/12/16 Page 31 of 59

Case Number (if known) \_\_

\$

\$

20d.

20e

0.00

0.00

Document Jasmine Latrice

Debtor 1

First Name Middle Name Last Name Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$0.00 6a. 6a. Electricity, heat, natural gas \$0.00 6b. Water, sewer, garbage collection \$105.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$650.00 7. 7. Food and housekeeping supplies \$400.00 8. 8. Childcare and children's education costs \$110.00 9. Clothing, laundry, and dry cleaning 10. \$50.00 10. Personal care products and services \$60.00 11. Medical and dental expenses 11. \$150.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations 14. \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$0.00 15b. Health insurance 15b. \$0.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$0.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. 20c. Property, homeowner's, or renter's insurance

Official Form 106J Record # 723603 Schedule J: Your Expenses Page 2 of 3

20d. Maintenance, repair, and upkeep expenses

20e. Homeowner's association or condominium dues

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Jasmine Latrice Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$3.00 Postage/Bank Fees (\$3.00), 21. 21. Other. Specify: \$1,703.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$1,906.82 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$1,703.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$203.82 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No Yes. Explain Here: The Debtors spending on food will decreas with the

Official Form 106J Record # 723603 Schedule J: Your Expenses Page 3 of 3

## Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an a               | attorney to help you fill out bankruptcy forms?   |
| No  |   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
|   |   |
| Under penalty of perjury, I declare that I have read the correct. | e summary and schedules filed with this declaration and that they are true and                |
|   |   |
| ✗ _/s/ Jasmine Latrice Johnson                                    | <b>x</b>  |
| Signature of Debtor 1   | Signature of Debtor 2   |
| Date 12/09/2016   | Date  |
| MM / DD / YYYY  | MM / DD / YYYY  |
|   |   |

| Fill in this in                    | formation to ident               | ify your case:                        |                      |
|------------------------------------|----------------------------------|---------------------------------------|----------------------|
| Debtor 1                           | Jasmine First Name               | Latrice Middle Name                   | Johnson<br>Last Name |
| Debtor 2                           |                                  |                                       |                      |
| (Spouse, if filing)  United States | First Name  Bankruptcy Court for | Middle Name the: NORTHERN District of | Last Name            |
| Case Number                        |                                  |                                       | (State)              |
| ,                                  |                                  |                                       |                      |

# Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question.  |  | op of any additional pages, write your in | aine and case                 |
|--|--|---|-------------------------------|
| Give Details About Your Marital Status and W  01. What is your current marital status?   | here You Lived Before                              |   |                               |
| Married Not married  |  |   |                               |
| During the last 3 years, have you lived anywhere ot  No.  Yes. List all of the places you lived in the last 3 ye   | -  |   |                               |
| Debtor 1   | Dates Debtor 1 lived there                         | Debtor 2:                                 | Dates Debtor 2<br>lived there |
| 4665 Oakhurst Way Indianapolis IN 46254-4169   | FROM 02/2016<br>To 09/2016                         | Same as Debtor 1                          | Same as Debtor 1              |
| 4315 W 21St St<br>Chicago IL 60623-2764  | FROM 07/1994<br>To 01/2016 and<br>9/1/2016-present | Same as Debtor 1                          | Same as Debtor 1              |
| Within the last 8 years, did you ever live with a spor property states and territories include Arizona, Cali and Wisconsin.)  No.  Yes. Make sure you fill out Schedule H: Your Code | fornia, Idaho, Louisiana, N                        | evada, New Mexico, Puerto Rico, Texas     | •                             |
| Part 2: Explain the Sources of Your Income   |  |   |                               |

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Debtor 1 <u>Jasmine</u> Latrice Johnson Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income Gross income Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, 5,000(est) From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$4,715 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business Wages, commissions, \$5,824 Wages, commissions, For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business For the calendar year before that: Wages, commissions, \$12,000(est) Wages, commissions, bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business

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Case Number (if known) \_

Johnson

Latrice

Jasmine

|    | First Name   | Middle Name     | Last Name                         |   |                                   |   |  |  |
|----|--|-----------------|-----------------------------------|---|-----------------------------------|---|--|--|
| 05 | Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery vinnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. |                 |                                   |   |                                   |   |  |  |
|    | List each source and the gross income from each source separately. Do not include income that you listed in line 4.  |                 |                                   |   |                                   |   |  |  |
|    | <ul><li>No.</li><li>Yes. Fill in the details</li></ul>   |                 |                                   |   |                                   |   |  |  |
|    |  |                 | Debtor 1                          |   | Debtor 2                          |   |  |  |
|    |  |                 | Sources of income Describe below. | Gross income<br>(before deductions and<br>exclusions) | Sources of income Describe below. | Gross income<br>(before deductions and<br>exclusions) |  |  |
|    | From January 1 of current  | year until      | SNAP                              | \$4,200   |                                   |   |  |  |
|    | the date you filed for bank  | ruptcy:         |                                   |   |                                   |   |  |  |
|    | For last calendar year:<br>(January 1 to December 31   | 1, 2015)        | SNAP                              | \$3500(est)   |                                   |   |  |  |
|    | , <i>,</i>   | ,               |                                   |   |                                   |   |  |  |
|    | For last calendar year:  |                 | Unemployment                      | \$4,498   |                                   |   |  |  |
|    | (January 1 to December 31  | 1, 2015)        |                                   |   |                                   |   |  |  |
|    | For last calendar year:  |                 | SNAP                              | \$3,000 (est)   |                                   |   |  |  |
|    | (January 1 to December 31  | 1, 2014)        |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
| i  | List Certain Payments  | You Made Before | You Filed for Bankruptcy          |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |
|    |  |                 |                                   |   |                                   |   |  |  |

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Jasmine Latrice Johnson Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment Include creditor's name Identify Legal actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No. Yes. Fill in the details. Nature of the case Status of the case Court or agency Contract Circuit Court of Cook County, First Pending Turner Acceptance Corp VS Jasmine On appeal Johnson Municipal Division CASE NUMBER#13M1110077 Concluded

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| ebto | r 1    | Jasmine                      | Latrice   | Johnson   | Case Number (if kn                | own)                     |   |
|------|--------|------------------------------|---|---|-----------------------------------|--------------------------|---|
|      |        | First Name                   | Middle Name   | Last Name   |                                   |                          |   |
| 10   |        | -                            | you filed for bankruptcy, was any and fill in the details below.    | y of your property repossessed, for   | eclosed, garnished, attached, s   | eized, or levied?        |   |
|      |        | No. Go to line 11            |   |   |                                   |                          |   |
|      | □ ,    | Yes. Fill in the inf         | ormation below.   |   |                                   |                          |   |
| 11   |        | =                            | re you filed for bankruptcy, did<br>payment because you owed a c    | any creditor, including a bank or debt?   | financial institution, set off an | y amounts from y         | our accounts                                |
|      |        | No. Go to line 11            |   |   |                                   |                          |   |
|      |        | Yes. Fill in the inf         | formation below.  |   |                                   |                          |   |
|      | cour   | rt-appointed rece            | you filed for bankruptcy, was a<br>eiver, a custodian, or another o | ny of your property in the posse<br>fficial?  | ssion of an assignee for the be   | enefit of creditors,     | a   |
|      | ■ N    |                              |   |   |                                   |                          |   |
| P    | art 5: | List Certain                 | Gifts and Contributions   |   |                                   |                          |   |
| 13   | With   | nin 2 years befor            | e you filed for bankruptcy, did                                     | you give any gifts with a total val   | ue of more than \$600 per pers    | on?                      |   |
|      |        | No.<br>Yes. Fill in the de   | tails for each nift   |   |                                   |                          |   |
| 14   | _      |                              |   | you give any gifts or contribution  | s with a total value of more th   | an \$600 to any ch       | arity?                                      |
|      |        | No.                          |   |   |                                   |                          |   |
|      | □,     | Yes. Fill in the de          | tails for each gift.  |   |                                   |                          |   |
| P    | art 6: | List Certain                 | Losses  |   |                                   |                          |   |
| 15   |        | nin 1 year before<br>abling? | you filed for bankruptcy or sin                                     | ce you filed for bankruptcy, did y  | ou lose anything because of t     | heft, fire, other dis    | saster, or                                  |
|      | _      | No.                          | tails for each gift.  |   |                                   |                          |   |
|      | Ц      | res. i ili ili tile de       | talis for each gift.  |   |                                   |                          |   |
| P    | art 7: | List Certain                 | Payments or Transfers   |   |                                   |                          |   |
| 16   | cons   | sulted about see             | king bankruptcy or preparing a                                      | ou or anyone else acting on your<br>a bankruptcy petition?<br>rs, or credit counseling agencies |                                   |                          | ou  |
|      |        | No.                          |   |   |                                   |                          |   |
|      | `      | Yes. Fill in the de          | tails   |   |                                   |                          |   |
|      | F      | Party Contact Inf            | o   | Description and value of any p  | roperty transferred               | Date payment or transfer | Amount of payment                           |
|      |        | Geraci Law L.L.              | C   |   |                                   |                          | Payment/Value:                              |
|      |        | 55 E. Monroe S               | treet #3400   |   |                                   |                          | \$4,000.00: \$0.00<br>paid prior to filing, |
|      |        | Chicago,IL 6060              | 03  |   |                                   |                          | balance to be paid through the plan.        |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |
|      |        |                              |   |   |                                   |                          |   |

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Last Name

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Jasmine Latrice Johnson Case Number (if known)

|    | Party Contact Info  | Description and value of              | any property transferred      | Date payr or transfe                                 |   |
|----|---|---------------------------------------|-------------------------------|--|---|
|    | Hananwill Credit Counseling  115 N. Cross St.  Robinson, IL 62454   | Credit Counseling Services            |                               | 2016   | \$25.00                                 |
| 17 | Within 1 year before you filed for bankruptcy   |                                       |                               | fer any property to any                              | yone who                                |
|    | promised to help you deal with your creditor Do not include any payment or transfer that  No.  Yes. Fill in the details.  |                                       | uitois?                       |  |   |
| 18 | Within 2 years before you filed for bankrupto   |                                       | transfer any property to      | anyone, other than pr                                | operty                                  |
|    | transferred in the ordinary course of your but Include both outright transfers and transfers Do not include gifts and transfers that you have No.                 | made as security (such as the gra     | -                             | st or mortgage on yoเ                                | ır property).                           |
|    | Yes. Fill in the details for each gift.   |                                       |                               |  |   |
| 19 | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pr  |                                       | o a self-settled trust or s   | imilar device of which                               | you are a                               |
|    | ■ No.  Yes. Fill in the details for each gift.  |                                       |                               |  |   |
| P  | List Certain Financial Accounts, Instru   | ments, Safe Deposit Boxes, and Stor   | age Units                     |  |   |
| 20 | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc | r other financial accounts; certifica | tes of deposit; shares in     | -  |   |
|    | No.   |                                       |                               |  |   |
|    | Yes. Fill in the details.   | Last 4 digits of account number       | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21 | Do you now have, or did you have within 1 y cash, or other valuables?   | ear before you filed for bankruptcy   | , any safe deposit box o      | r other depository for                               | securities,                             |
|    | ■ No.  Yes. Fill in the details.  |                                       |                               |  |   |
|    | Too. This is a doctario.  | Who else had access to it?            | Describe the conter           | nts  | Do you still have it?                   |
| 22 | Have you stored property in a storage unit o  | r place other than your home withi    | n 1 year before you filed     | for bankruptcy?                                      | nave it.                                |
|    | No.  Yes. Fill in the details.  |                                       |                               |  |   |
|    |   | Who else has or had access to it?     | Describe the conter           | nts  | Do you still have it?                   |
| P  | Identify Property You Hold or Control f   | or Someone Else                       |                               |  |   |
|    |   |                                       |                               |  |   |
|    |   |                                       |                               |  |   |
|    |   |                                       |                               |  |   |

Debtor 1

First Name

Middle Name

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| Jasmine                          | Latrice   | Johnson  | Case Number (   | if known)  |
|----------------------------------|---|--|---|--|
| First Name                       | Middle Name   | Last Name  |   |  |
| you hold or control any someone. | property that someone   | e else owns? Include any pro   | operty you borrowed from, are sto   | oring for, or hold in trust  |
| N                                |   |  |   |  |
| No.                              |   |  |   |  |
| Yes. Fill in the details.        | <b>147</b> 0-0-0  | t- th  | December the manager  | Webse  |
|                                  | wner  | e is the property?   | Describe the property   | Value  |
| a:                               |   |  |   |  |
| Give Details About E             | invironmental Information   | on   |   |  |
| purpose of Part 10, the t        | following definitions a   | pply:  |   |  |
| ardous or toxic substanc         | ces, wastes, or materia   | l into the air, land, soil, surfa  | ace water, groundwater, or other  |  |
| =                                |   | =  | ntal law, whether you now own, op   | perate, or utilize   |
|                                  |   |  | ous waste, hazardous substance  | toxic  |
| all notices, releases, and       | d proceedings that you  | ı know about, regardless of v  | when they occurred.   |  |
| s any governmental unit          | notified you that you r   | may be liable or potentially li  | able under or in violation of an e  | nvironmental law?  |
| No.                              |   |  |   |  |
| Yes. Fill in the details.        |   |  |   |  |
|                                  | Gove  | ernmental unit   | Environmental law, if you kr  | now it Date of notice  |
| ve you notified any gove         | rnmental unit of any re   | elease of hazardous material   | ?   |  |
| No                               |   |  |   |  |
|                                  |   |  |   |  |
| roo. r iii iir tiio dotalio.     | Gove  | rnmental unit  | Environmental law, if you kn  | now it Date of notice  |
|                                  |   |  |   | 200 0. 110.000   |
| ve you been a party in ar        | ny judicial or administr  | ative proceeding under any   | environmental law? Include settle   | ements and orders.   |
| No.                              |   |  |   |  |
| Yes. Fill in the details.        |   |  |   |  |
|                                  | Court   | t or agency  | Nature of the case  | Status of the case   |
|                                  |   |  |   |  |
| Give Details About Y             | our Business or Connec  | ctions to Any Business   |   |  |
| him 4                            |   | d b  |   | 4  |
|                                  |   | -  | -   | is to any business?  |
|                                  |   | •  | •   |  |
| =                                |   | LC) or limited liability partne  | ership (LLP)  |  |
| = '                              | -   |  |   |  |
|                                  |   | •  |   |  |
| An owner of at least             | 5% of the voting or eq  | uity securities of a corporat  | ion   |  |
|                                  |   |  |   |  |
|                                  | •   |  |   |  |
| Yes. Check all that apply        | above and fill in the de  | etails below for each business   |   |  |
| Debtor's Address                 | Desc  | cribe the nature of the business   | Em  | ployer Identification number   |
|                                  |   | and the start of t | Do  | not include Social Security number or  |
|                                  | Self-   | employed hair stylist  | E1  | N: None  |
|                                  |   |  |   | N. None  |
|                                  | Nome  | of accountant on backly one  | Dat   | es business existed  |
|                                  |   |  | Dai   | CO DUOTICOO CATOLCU  |
|                                  |   | of accountant or bookkeeper  |   |  |
|                                  | None  |  | 20  | 014-2015   |
|                                  |   |  | 20  | 014-2015   |
|                                  | Give Details About E purpose of Part 10, the fi ironmental law means an ardous or toxic substance duding statutes or regulated means any location, factorized to own, operate, or ardous material means as stance, hazardous material means any governmental unit.  No.  Yes. Fill in the details.  Ye you been a party in arm.  No.  Yes. Fill in the details.  Yes. Fill in the details.  Give Details About Yes.  Thin 4 years before you fill a partner in | Give Details About Environmental Information purpose of Part 10, the following definitions are irronmental law means any federal, state, or local ardous or toxic substances, wastes, or material uding statutes or regulations controlling the classical means any location, facility, or property as decrused to own, operate, or utilize it, including distributed in ardous material means anything an environmental all notices, releases, and proceedings that you are stance, hazardous material, pollutant, contaminal notices, releases, and proceedings that you are sany governmental unit notified you that you are some you notified any governmental unit of any response you notified any governmental unit of any response you been a party in any judicial or administration.  Gove you been a party in any judicial or administration.  Yes. Fill in the details.  Gove you been a party in any judicial or administration.  Yes. Fill in the details.  Court A sole proprietor or self-employed in a traction of the about Your Business or Connection 4 years before you filed for bankruptcy, die has sole proprietor or self-employed in a traction of the about the partnership han officer, director, or managing executive han owner of at least 5% of the voting or equal to the partnership han officer, director, or managing executive han owner of at least 5% of the voting or equal to the partnership han officer, director, or managing executive han owner of at least 5% of the voting or equal to the partnership han officer, director, or managing executive han owner of at least 5% of the voting or equal to the partnership han officer, director, or managing executive han owner of at least 5% of the voting or equal to the partnership hands and fill in the details.  | Where is the property?  Give Details About Environmental Information  purpose of Part 10, the following definitions apply:  irronmental law means any federal, state, or local statute or regulation contardous or toxic substances, wastes, or material into the air, land, soil, surfuding statutes or regulations controlling the cleanup of these substances, means any location, facility, or property as defined under any environment used to own, operate, or utilize it, including disposal sites.  ardous material means anything an environmental law defines as a hazard stance, hazardous material, pollutant, contaminant, or similar term.  all notices, releases, and proceedings that you know about, regardless of its any governmental unit notified you that you may be liable or potentially like.  No.  Yes. Fill in the details.  Governmental unit  we you notified any governmental unit of any release of hazardous material way.  No.  Yes. Fill in the details.  Governmental unit  we you been a party in any judicial or administrative proceeding under any no.  Yes. Fill in the details.  Court or agency  The Give Details About Your Business or Connections to Any Business or that a sole proprietor or self-employed in a trade, profession, or other active and a sole proprietor or self-employed in a trade, profession, or other active and a sole proprietor or self-employed in a trade, profession, or other active and a member of a limited liability company (LLC) or limited liability partner and a partnership  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  An owner of at least 5% of the voting or equity securities of a corporation.  No. None of the above applies. Go to Part 12. | Where is the property?  Describe the property  One of the Details About Environmental Information  Purpose of Part 10, the following definitions apply:  Ironmental law means any federal, state, or local statute or regulation concerning pollution, contamination, and ous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other uting statutes or regulations controlling the cleanup of these substances, wastes, or material.  The means any location, facility, or property as defined under any environmental law, whether you now own, or used to own, operate, or utilize it, including disposal sites.  The means any location, facility, or property as defined under any environmental law, whether you now own, or used to own, operate, or utilize it, including disposal sites.  The aradious material means anything an environmental law defines as a hazardous waste, hazardous substance, stance, hazardous material, pollutant, contaminant, or similar term.  The all notices, releases, and proceedings that you know about, regardless of when they occurred.  The any operation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit notified you that you may be liable or potentially liable under or in violation of an environmental unit for any release of hazardous material?  The details.  The covernmental unit for any release of hazardous material?  The details.  The details.  The details.  The details and provential law, if you know you notified any governmental unit of any release of hazardous material?  The details and provential law, if you know you notified any governmental law, if you know you notified any governmental unit of any release of hazardous material?  The details and provential law, if you know you notified any governmental law, if you know you notified any govern |

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| Debtor 1 | Jasmine   | Latrice                    | Johnson                              | Case Number (if known)                            |  |
|----------|---|----------------------------|--------------------------------------|---|--|
|          | First Name  | Middle Name                | Last Name                            |   |  |
|          | thin 2 years before yo<br>titutions, creditors, o | • • •                      | you give a financial statement to    | anyone about your business? Include all financial |  |
|          | No.   |                            |                                      |   |  |
|          | Yes. Fill in the details                          | S.                         |                                      |   |  |
|          |   | Date is:                   | sued                                 |   |  |
| Part 12  | Sign Below  |                            |                                      |   |  |
| ×        | Is/ Jasmine Latric                                |                            | <b>X</b> Signature of D              | ebtor 2   |  |
|          |   |                            | <del>_</del>                         | ebtor 2   |  |
|          | Date 12/09/2016 MM / DD / Y                       | <del>///Y</del>            | Date                                 | DD / YYYY   |  |
| Did y    | No  | pages to Your Statement of | of Financial Affairs for Individuals | s Filing for Bankruptcy (Official Form 107)?      |  |
| Did y    | you pay or agree to p                             | ay someone who is not an   | attorney to help you fill out bank   | ruptcy forms?                                     |  |
| <b>.</b> | No  |                            | · ·                                  |   |  |
| _        | Yes. Name of person                               | 1                          |                                      | Attach the Bankruptcy Petition Preparer's Notice, |  |
|          | =   |                            |                                      | Declaration, and Signature (Official Form 119).   |  |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In 1 | re  |                  |  |                       |                     |                    |             |                       |          |
|------|---|------------------|--|-----------------------|---------------------|--------------------|-------------|-----------------------|----------|
| Jas  | mine Latri  | ce Johnso        | n / Debtor   |                       |                     |                    | Case No:    |                       |          |
|      |   |                  |  |                       |                     |                    | Chapter:    | Chapter 13            |          |
|      |   |                  | DISCL  | OSURE OF COM          | IPENSATION (        | OF ATTORNEY        | FOR DEI     | BTOR                  |          |
|      | npensation  | paid to me       | C. § 329(a) and Fed<br>within one year be<br>ed on behalf of the d | fore the filing of th | ne petition in ban  | kruptcy, or agree  | d to be pai | d to me, for servic   | es       |
|      | For legal   | services,        | I have agreed to acc   | ept                   | \$4,000.00          |                    |             |                       |          |
|      | Prior to the  | he filing o      | f this statement I ha  | ive received          | \$0.00              |                    |             |                       |          |
|      | Balance l   | Due              |  |                       | \$4,000.00          |                    |             |                       |          |
| 2.   | The source  | e of the co      | ompensation paid to  | me was:               |                     |                    |             |                       |          |
|      | Del   | otor(s)          | Other: (sp   | pecify                |                     |                    |             |                       |          |
| 3.   | The source  | e of comp        | ensation to be paid  | to me is:             |                     |                    |             |                       |          |
|      | De  | ebtor(s)         | Other: (sr   | necify                |                     |                    |             |                       |          |
| 4.   | I hav   | e not agre       | eed to share the above   |                       | ensation with any   | y other person un  | less they a | re members and as     | sociates |
|      | of m  | y law firm       | 1.   |                       |                     |                    |             |                       |          |
|      | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |                  |  |                       |                     |                    |             |                       |          |
| 5.   | In return f   |                  | ove-disclosed fee, I l   | have agreed to reno   | der legal service   | for all aspects of | the bankru  | ptcy                  |          |
|      | a. Anal   | ysis of the      | debtor's financial   | situation, and rend   | ering advice to the | he debtor in deter | mining wh   | ether to file a petit | ion in   |
|      | bank  | ruptcy;          |  |                       |                     |                    |             |                       |          |
|      | b. Prepa  | aration and      | d filing of any petiti   | on, schedules, stat   | ements of affairs   | and plan which     | may be req  | uired;                |          |
|      | c. Repr   | esentation       | of the debtor at the   | meeting of creditor   | ors and confirma    | tion hearing, and  | any adjour  | ned hearings there    | of;      |
|      | d. Repr   | esentation       | of the debtor in adv   | versary proceeding    | s and other conte   | ested bankruptcy   | matters;    |                       |          |
|      | e. [Oth   | er provisio      | ons as needed]   |                       |                     |                    |             |                       |          |
| 6.   | By agreen   | nent with        | the debtor(s), the ab  | ove-disclosed fee     | does not include    | the following ser  | vice:       |                       |          |
|      |   |                  |  |                       |                     |                    |             |                       |          |
|      |   |                  |  | C                     | ERTIFICATIO         | N                  |             |                       |          |
|      |   |                  | ertify that the forego   | ing is a complete s   | statement of any    | agreement or arra  | angement f  | or                    |          |
|      |   | paymer<br>me for | nt to<br>representation of the                                     | e debtor(s) in this b | oankruptcy proce    | eedings.           |             |                       |          |
|      |   |                  | 12/12/2016   | * *                   | /s/ Christopher     | •                  | _           |                       |          |
|      |   | Date             |  | ,                     | Signature of Atto   | orney              |             |                       |          |

723603 Page 1 of 1 Record #

Geraci Law L.L.C. Name of law firm

#### Case 16-39135 Filed **Getaci Lave hter ©** 12/12/16 17:26:55 Doc 1

National Headquarters: 55 E. Monr 何合作特种(O Chidera Ole 646)30f 586-925-1313 help@geracilaw.com



Date: 11/23/2016

Consultation Attorney: MEZ

Record #: 723-603

#### Attorney - Client Agreement

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter 13 bankruptcy under the following terms and conditions. I have signed and received a copy the "Court Approved Retention Agreement" (CARA) between Chapter 13 Debtors and their Attorneys" as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. understand I must comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be the fee stated in the CARA I have received the 11U.S.C § 527(a) disclosures.I have been advised of my chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. More than one attorney and paralegal will work on my case.

FEES: This does NOT INCLUDE court filing fees of \$310, costs for credit counseling or financial management classes. Any amount not paid prior to the case being filed shall be paid through the Chapter 13 Trustee. These fees are fixed, but the attorneys may apply to the court for additional fees if allowed by the CARA or other circumstances, such as extended evidentiary hearings, contested adversary proceedings or appeals. If the Court awards additional fees, they will also be paid through the Chapter13 Trustee. Fees are "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

No other work: Geraci Law is not representing me in state or other courts regarding creditors in my bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankrutpcy is my responsibility. Injury or other claims or property I must disclose any such claims or propery I now have or acquire after filing Chapter 13 to both the Chapter 13 trustee and to the court in a filed amendment and obtain authority to keep them or pay those claims to the Trustee. per month for 34 months. The payment and length of the plan are based on the information I have provided, including income, expenses, assets and debts. If these amounts are not accurate, my plan payment or

duration may need to be increased. In addition, the Court, Chapter 13 Trustee or creditors could object to my proposed Chapter 13 payment, which may cause it to increase. I further understand that if my income or expenses change during my Chapter 13, my plan payment may have to change. I agree to read my petition and plan and study it before signing it so I know what is included, INCLUDING what I am listing as debts, what my property is, what my assets are and if they are claimed as exempt, and to make full disclosure.

My plan payment DOES include the following, unless stated otherwise: mortgage arrears; association arrears; vehicles; tax debt; support obligations that are post due (but not future) parking tickets (not traffic fines); debts pursuant to a divorce decree/marital settlement you listed; other secured debts including furniture, electronics, etc.; all other unsecured debts; other: My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any association fees as long as the property is in my name; other Student loans: are usually NEVER paid 100% in a Chapter 13, but are paid the same percentage as unsecured creditors without interest, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly Debts not discharged if they not paid in full: student loans; educational debts; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge. Representation limited to Bankruptcy Court We do not represent you in state court, or in loan modifications or similar matters.

If I am eligible to receive a tax refund during my Chapter 13, I understand I must turn it over to the Chapter 13 Trustee unless I am specifically advised that I do not need to. This may change on a yearly basis, so I must check with my attorneys every year. I also understand that if I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into my Chapter 13 plan.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. If I fail to remain current in a domestic support obligation, fail to certify to the Court that I have remained current, or if I fail to take my financial management class, that my

case may be closed without a disgharge, and I will be required to pay a fee to have it reopened. mine Johnson (De (Joint Debtor) Dated: 11/23/16 Attorney for the Debtor(s) Representing Geraci Law L.L.C.

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- Case 16-39135 Doc 1 Filed 12/12/16 Entered 12/12/16 17:26:55 Desc Main 3. Personally review with the debto Pand Man the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



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- 2. Inform the debtor that the debtor must be punctular and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307 (a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

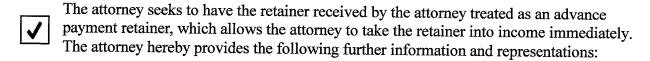


# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



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- (d) Any portion of the retainer that is not earned of required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank]



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- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$310.00

| 3. Before signing this agreement, the attorney   | has received ,\$ _0.00 |
|--|------------------------|
| toward the flat fee, leaving a balance due of \$ |                        |
| leaving a balance due for the filing fee of \$   | 0.00                   |

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 11 / 23 / 16

Signed:

Co-Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Jasmine Latrice Johnson / Debtor Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 12/09/2016 /s/ Jasmine Latrice Johnson

**Jasmine Latrice Johnson** 

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

## UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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In re Jasmine Latrice Johnson

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deny your found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

/s/ Jasmine Latrice Johnson

| Dated. 12/09/2016 | 737 Gustillic Latifice Gottilison |
|-------------------|-----------------------------------|
|                   | Jasmine Latrice Johnson           |
|                   |                                   |
| Dated: 12/12/2016 | /s/ Christopher Michael Dyer      |

/s/ Christopher Michael Dyer Attorney: Christopher Michael Dyer

Form B 201A. Notice to Consumer Debtor(s) Record # 723603 Page 2 of 2

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| or 1 Ja          | asmine  | Latrice Jo  | ohnson   | Case Number (if know  | wn)  |
|------------------|---|---|--|---|--|
| ·· –             | st Name                                       | Middle Name Las   | st Name  |   |  |
|                  | 1   |   | *  |   |  |
| 6:               | Answer These Questions                        |   |  |   |  |
| What<br>you h    | kind of debts do<br>ave?                      | 16a. <b>Are your debts prin</b> as "incurred by an indi                           | ividual primarily for a perso                            | ? Consumer debts are defined on al, family, or household purp   | d in 11 U.S.C. § 101(8)<br>pose."                            |
|                  |   | Yes. Go to line 17  | <b>'.</b>  | -   |  |
|                  |   | 16b. Are your debts prir<br>money for a business                                  | narily business debts'<br>or investment or through t     | ? Business debts are debts that the operation of the business or  | at you incurred to obtain<br>or investment.                  |
|                  | **************************************        | No. Go to line 160 Yes. Go to line 17   | 7.   |   | -  |
|                  |   | 16c. State the type of debte  | s you owe that are not cor                               | nsumer debts or business debt   | ts.  |
|                  |   |   |  |   |  |
|                  | ou filing under<br>oter 7?                    | <del></del>   | nder Chapter 7. Go to line                               |   |  |
| _                | ou estimate that after                        | Yes. I am filing under administrative e   | Chapter 7. Do you estimexpenses are paid that fun        | ate that after any exempt prop<br>ds will be available to distribute  | perty is excluded and eto unsecured creditors?               |
| any e            | exempt property is                            | □No.  |  |   |  |
| admi             | inistrative expenses                          | Yes.  |  | •   |  |
|                  | paid that funds will be able for distribution | <del></del>   |  |   |  |
|                  | secured creditors?                            |   |  |   |  |
| Нож              | many creditors do                             | 1-49  | □ 1,000-5  | 5,000   | <b>25,001-50,000</b>   |
|                  | estimate that you                             | □ 50-99   | □ 5,001-   |   | 50,001-100,000   |
| owe <sup>c</sup> | ?   | ☐ 100-199<br>☐ 200-999  | 10,001   | -25,000   | ☐ More than 100,000  |
| Ном              | much do you                                   | <b>\$0-\$50</b> ,000  |  | 0,001-\$10 million  | □\$500,000,001-\$1 billion                                   |
|                  | nate your assets to                           | \$50,001-\$100,000  | _  | 0,001-\$50 million  | \$1,000,000,001-\$10 billion                                 |
| be w             | vorth?  | <b>\$100,001-\$500,000</b>  |  | 00,001-\$100 million  | \$10,000,000,001-\$50 billion                                |
|                  |   | ☐ \$500,001-\$1 million   | <b>□</b> \$100,0   | 000,001-\$500 million   | ☐More than \$50 billion                                      |
| How              | much do you                                   | \$0-\$50,000  |  | ),001-\$10 million  | \$500,000,001-\$1 billion                                    |
|                  | mate your liabilities                         | <b>5</b> 50,001-\$100,000   |  | 00,001-\$50 million   | \$1,000,000,001-\$10 billion                                 |
| to b             | e?  | <b>1</b> \$100,001-\$500,000  |  | 00,001-\$100 million  | ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion     |
|                  |   | ☐ \$500,001-\$1 million   | ☐ \$100,0  | 000,001-\$500 million   | More than \$50 billion                                       |
| art 7:           | Sign Below                                    |   |  |   |  |
| r you            |   | I have examined this petiticorrect.   | ion, and I declare under p                               | enalty of perjury that the inform   | nation provided is true and                                  |
|                  |   | If I have chosen to file und<br>of title 11, United States C<br>under Chapter 7.  | der Chapter 7, I am aware<br>Code. I understand the reli | that I may proceed, if eligible,<br>ef available under each chapte  | under Chapter 7, 11,12, or 13<br>er, and I choose to proceed |
|                  |   | If no attorney represents r<br>this document, I have obtain                       | me and I did not pay or ag<br>ained and read the notice  | ree to pay someone who is no required by 11 U.S.C. § 342(b  | ot an attorney to help me fill out<br>o).                    |
|                  |   | · ·   |  | e 11, United States Code, spe   |  |
|                  |   | I understand making a fal<br>with a bankruptcy case ca<br>18 U.S.C. §§ 152, 1341, | an result in fines up to \$2,5                           | property, or obtaining money on the control of the | or property by fraud in connection<br>to 20 years, or both.  |
|                  |   | * Jaon  | me Jul   | Signatu   | ure of Debtor 2  |
|                  |   | Signature of Debtor   |  | Signati   | ule of Debiol 2  |
|                  |   | Executed on _ : _   | 109 72016  | Execut  |  |
|                  |   |   | M / DD / YYYY  |   | MM / DD / YYYY   |

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| Fill in this int                  | formation to identi                  | fy your case:                                |                      |
|-----------------------------------|--------------------------------------|--|----------------------|
| Debtor 1                          | Jasmine<br>First Name                | Latrice Middle Name                          | Johnson<br>Last Name |
| Debtor 2                          | 44                                   |  | Leet Name            |
| (Spouse, if filing) United States | First Name  Bankruptcy Court for the | Middle Name the: <u>NORTHERN</u> District of | Last Name            |
| Case Number                       |                                      |  | (State)              |
| (If known)                        |                                      |  |                      |

## Official Form 106 Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bank    | cruptcy forms?  |
| ■ No  |   |
| Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
| Under penalty of perjury, I declare that I have read the summary and schedules filed to | with this declaration and that they are true and  |
| correct.  |   |
| * Dasmie Jehon*   |   |
| Signature of Debtor 1 Signature of Debt   | or 2  |
| Date : 2 1 0 12016 Date MM / DD / YYYY MM / DD  | 1 YYYY  |
|   |   |

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| Debtor 1 | Jasmine    | Latrice     | Johnson   | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| t 12: Sign Below   | Part 12:   |
|--|--|
| have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the inswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  8 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date  MM / DD / YYYY  MM / DD / YYYY | answers in connection to the second s |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  | Did you  |
| ■ No   | No   |
| Yes  | Yes  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  | Did you  |
| No  Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).   | =  |

## Document Page 56 of 59 DISCLAIMER Debtors have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

  (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
   b. Failure to keep books and records documenting your financial affairs.
   c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
   d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others.
   e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
   f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or example in State, rederal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!!!

W

Dated: 109 /2016

Jasmine Latrice Johnson

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

in re

Jasmine Latrice Johnson / Debtor

Bankruptcy Docket #:

Judge:

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 109/2016

Jasmine Latrice Johnson

X Date & Sign

B 1D (Official Form 1, Exh.D)(12/08)

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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Part 4:

Sign Below

By eigning here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Jasmine Latrice Johnson

Date 1 /2016

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Form B 201A, Notice to Consumer Debtor(s)

In re Jasmine Latrice Johnson / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 1/2016

Jasmine Latrice Johnson

X Date & Sign

Dated: 7 / 1/2016

Attorney: Ricardo Gomez

Form B 201A, Notice to Consumer Debtor(s)